

114.3 CMR 16.00: SURGERY AND ANESTHESIA SERVICES

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16.01: General Provisions

(1) Scope, Purpose and Effective Date.

(a) 114.3 CMR 16.00 governs the rates of payment used by all governmental units for surgery and anesthesia services rendered to publicly aided patients by eligible providers. 114.3 CMR 16.00 is effective July 6, 2006. Rates for services rendered to individuals covered by M.G.L. c. 152 (the Workers' Compensation Act) are set forth at 114.3 CMR 40.00.

(b) The following laboratory services have a professional and technical component. These are codes: 83020, 83912, 84165, 84166, 84181, 84182, 85390, 85576, 86255, 86256, 86320, 86325, 86327, 86334, 86335, 87164, 87207, 88371, 88372 and 89060. The professional component is contained herein. The technical component for these codes is contained in 114.3 CMR 20.00 *Clinical Laboratory Services*

(2) Coverage. 114.3 CMR 16.00 and the rates of payment contained herein for actual surgical and anesthesia services rendered shall apply to the following situations:

(a) Surgical and anesthesia services rendered to registered bed patients in a licensed health care facility by an eligible provider who is not under contractual arrangement with the licensed health care facility for medical services and who bills separately and apart from the health care facility for medical services rendered.

(b) Surgical and anesthesia services rendered to ambulatory patients in a private medical office, freestanding ambulatory surgical center, licensed clinic facility, hospital outpatient department, or other appropriate setting by an eligible provider who bills for the medical services rendered and receives no other compensation for medical services rendered.

The rates of payment under 114.3 CMR 16.00 are full compensation for patient care rendered, as well as for any related administrative or supervisory duties in connection with patient care and all associated overhead expenses, without regard to where the care is rendered.

(3) Disclaimer of Authorization of Services. 114.3 CMR 16.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 16.00. Governmental units that purchase care are

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responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT). The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and
- (c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(5) Administrative Information Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 16.00.

16.02: General Definitions

Meaning of Terms The descriptions and five-digit codes included in 114.3 CMR 16.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' *Current Procedural Terminology*, copyright 2005 by the American Medical Association (CPT) unless otherwise specified. Level II codes are obtained from 2006 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other healthcare professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedure Terminology*.

114.3 CMR 16.00 includes only HCPCS numeric and alpha-numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the Physicians' *Current Procedural Terminology*. All rights reserved.

In addition, terms used in 114.3 CMR 16.00 shall have the meanings set forth in 114.3 CMR 16.02.

Eligible Provider. Shall mean a licensed physician, licensed osteopath, licensed podiatrist, or licensed dentist other than an intern, resident, fellow or house officer who also meets such conditions of participation as adopted from time to time by a governmental unit.

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A provider of diagnostic surgical services who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies. Such surgical diagnostic services may be rendered by eligible providers such as, but not limited to MRI centers, IDTFS, portable x-ray providers and mammography vans. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A clinic licensed by the Massachusetts Department of Public Health in accordance with regulation 105 CMR 140.000 to provide surgical diagnostic services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Eligible Mid-Level Practitioner.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Facility Setting. Payments for services provided in a hospital, including without limitation a hospital inpatient department, outpatient department, emergency department, and hospital licensed health center, or skilled nursing facility or freestanding ambulatory surgical center (ASC) will be made according to a facility fee when an applicable facility fee has been established for that procedure.

Global Delivery. Includes direct provision and supervision of case management, maternal education (including but not limited to nutrition, pregnancy and childbirth, and reproductive health) and obstetrical risk assessment and monitoring, in addition to pelvic delivery (or Cesarean-section delivery by physicians only), all routine prenatal visits and one Postpartum visit.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Individual Consideration (I.C.). Surgical procedures which are authorized but not listed herein, surgical procedures performed in unusual circumstances and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;;
- (c) the severity or complexity of the patient's disease, disorder or disability;
- (d) any applicable relative-value studies;
- (e) any complications or other circumstances that may be deemed relevant;
- (f) the policies, procedures and practices of other third party insurers; ;

- (g) the payment rate for prescribed drugs as set forth in 114.3 CMR 31.00;
and
- (h) a copy of the current invoice from the supplier.

Modifiers. Listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number or letters to the procedure code.

Publicly Aided Individual. A person who receives health care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a separate procedure in the procedure description. Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be considered to be a separate procedure.

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service.

Surgical Team Fee. Reimbursement for highly complex surgical procedures requiring the expertise of several physicians (usually of different specialties) and other highly skilled, specially-trained personnel. More than one surgeon may be performing parts of the procedure simultaneously. The unit fee is payable to the 'director' of the surgical team and includes all assistant surgeon fees; there are no separate payments for assisting surgical services. The director of the surgical team is expected to distribute the unit fee to the members of the surgical team.

Unlisted Procedure or Service. A service or procedure may be provided that is not listed in Regulation 114.3 CMR 16.05. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report."

16.03: General Rate Provisions

- (1) Rate Determination. Rates of payment to which 114.3 CMR 16.00 applies shall be the lowest of:
 - (a) The eligible provider's usual fee to patients other than publicly-aided patients; or
 - (b) The eligible provider's actual charge submitted; or
 - (c) The schedule of allowable fees set forth in 114.3 CMR 16.04 and 16.05 in accordance with 114.3 CMR 16.03.
- (2) Supplemental Payment
 - (a) Eligibility. An eligible provider may receive a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:
 1. the eligible provider is employed by a non-profit group practice that was established in accordance with St.1997 c.163 and is affiliated with a Commonwealth-owned medical school;
 2. such non-profit group practice shall have been established on or before January 1, 2000 in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
 3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.
 - (b) Payment Method. This supplemental payment may not exceed the difference between:
 1. payments to the eligible provider made pursuant to the rates applicable under 114.3 CMR 16.03(1), and
 2. the Federal upper payment limit set forth in 42 CFR 447.325.
- (3) Rate Variations Base on Practice Site. Payments for certain services that can be routinely furnished in physicians' offices are reduced when such services are furnished in facility settings. 114.3 CMR 16.05 establishes facility setting

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fees applied to services rendered in a facility when a practice site differential is warranted.

(4) Allowable Mid-Level Fee for Qualified Mid-Level Practitioners. Payments for services provided by eligible licensed nurse practitioners, eligible licensed nurse midwives and eligible licensed physician assistants as specified in 114.3 CMR 16.02 shall be 85% of the fees contained in 114.3 CMR 16.00.

(5) Preoperative and Postoperative Care. All allowable fees are maximum amounts to be paid and apply primarily to services rendered to registered bed patients in licensed hospitals and freestanding ambulatory surgical centers. The maximum allowable fees for surgical services include the following: routine preoperative care; the operation *per se*, including local infiltration, metacarpal/digital block or topical anesthesia when used, and the normal, uncomplicated follow-up care. This concept is referred to as a "package" for surgical procedures.

(6) Obstetrical Services. Obstetrical fees contained in 114.3 CMR 16.05 are intended to include only the procedure or procedures performed and care to the publicly-aided patient while hospitalized with the exception of global delivery (59400, 59510, 59610, 59618). Outpatient antepartum and postpartum obstetrical care may be billed under the appropriate medical procedure code in accordance with 114.3 CMR 17.00 *Medicine*. Medical problems complicating labor and delivery management or medical complications of pregnancy may require additional resources or services and should be identified by utilizing the appropriate procedure codes in 114.3 CMR 17.00 in addition to the procedure codes for maternity care listed herein.

(7) Casts and Appliances. All maximum allowable fees include the initial application of a cast, traction device or similar appliance.

(8) Individual Consideration. See description under 16.02: *General Definitions*.

(9) CPT Category III Codes. All surgery related CPT category III codes are included as a part of this regulation and have an assigned fee of IC.

16.04: Maximum Allowable Fees - Anesthesia Services

(1) Rate Determination. The administration of anesthesia is reported by the use of the anesthesia five-digit procedure code (00100-01999) listed in 114.3 CMR 16.05(4). Payment for anesthesia services is determined by a system of base anesthesia units and time units. The number of base units plus time units is multiplied by the anesthesia unit fee to derive the total anesthesia reimbursement. In addition, each quarter hour, or fraction thereof greater than five minutes, of anesthesia services provided during surgery will be reimbursed at the rate of one unit per 15 minutes of service. The time period for which anesthesia services will

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be reimbursed shall begin when the anesthesiologist begins to prepare the patient for the induction of anesthesia in the operating room or in an equivalent area and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under postoperative supervision. The time at which anesthesia services begin and end must be specified on the billing form.

(2) Anesthesia Services. Anesthesia services may include but are not limited to general, regional, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care deemed optimal by the anesthesiologist during any procedure. These services include the usual preoperative and postoperative visits, the anesthesia care during the procedure, the administration of fluids, and/or blood incident to the anesthesia or surgery, and the usual monitoring procedures. Unusual forms of monitoring (e.g., intra-arterial, central venous and Swan-Ganz) are not included.

(3) Maximum Unit Fee. The maximum allowable fee for anesthesia services provided under 114.3 CMR 16.00 is \$18.65 per unit.

(4) Nurse-Anesthetist Services. Upon submission of a suitable bill by an eligible provider, the rates of payment set forth above shall apply to anesthesia service rendered by a nurse-anesthetist only if the following conditions exist:

- (a) The nurse-anesthetist is a full-time employee of the eligible physician provider and is not a salaried employee of the hospital;
- (b) The nurse-anesthetist is authorized by law to perform the services for which payment is sought;
- (c) The nurse-anesthetist performs the services under the direct, personal and continuous supervision of the eligible physician provider; and
- (d) The eligible physician provider customarily includes the charges in his bill to patients other than publicly aided and industrial accident patients. To be providing direct, personal and continuous supervision, the eligible physician provider need not be in the room where the services are being performed at all times, but must be within the hospital or other medical facility and available to provide immediate personal assistance and direction. Availability by telephone shall not constitute direct, personal and continuous supervision.

16.05: Maximum Allowable Fees - Surgical Services

(1) Surgical and Obstetrical Services. The allowable fees for surgical and obstetrical services shall be the fees listed in 114.3 CMR 16.05(4).

(2) Unless otherwise specified, guidelines, notes and definitions provided in the 2005 CPT coding Handbook are applicable to the use of the procedure codes and descriptions listed below.

(3) Modifiers

-26: Professional Component. The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the addition of the modifier '-26' to the procedure code will allow the professional component allowable fee (PC Fee) contained in 114.3 CMR 16.05(4) to be paid.

-50: Bilateral Procedures. Unless otherwise identified in the procedure code listing, Bilateral procedures performed at the same operative session must be identified by the appropriate service code describing the first procedure. The second bilateral procedure is identified by adding the modifier '-50' to the end of the service code. The addition of the modifier '-50' to the second bilateral codes allows 50% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible provider for the second bilateral procedure.

-51: Multiple Procedures. This modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '-51' to the end of the service code for the secondary procedure(s). The addition of the modifier '-51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible provider.

NOTE: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-52: Reduced Services. Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier '-52', signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

-54: Pertains to surgical care only. When one eligible physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding the modifier '-54' to the appropriate procedure code. This allows 85% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the physician performing the surgery.

-55: Pertains to postoperative management only. When one eligible physician performs the postoperative management and another physician has performed the surgical procedure, the postoperative component may be identified by adding the modifier '-55' to the appropriate procedure code. This allows 15% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the physician.

-59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier ‘-59’ to the end of the appropriate service code. Modifier ‘-59’ is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However when another already established modifier is appropriate it should be used rather than modifier ‘-59’.

-62: Pertains to two surgeons. When two eligible surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding the modifier ‘-62’ to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the procedure once using the same procedure code. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate codes(s) may also be reported with the modifier “-62” added. The addition of the modifier ‘-62’ to the procedure code allows 57.5% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to each surgeon. No separate payment will be made for assisting surgical services in these cases; it is included in the total surgical fee listed.

-66: Pertains to team surgery. This modifier must be used to identify highly complex procedures (requiring the concomitant services of several eligible physicians, often of different specialties, plus other highly skilled, specially trained personnel, and various types of complex equipment) carried out under the “surgical team” concept. The unit fee is payable to the “director” of the surgical team and includes all assistant surgeon fees, there are no separate payments for assisting surgical services. The director of the surgical team is expected to distribute the unit fee to the eligible members of the surgical team.

-76: Repeat Procedure by Same Physician. The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding the modifier ‘-76’ to the repeated procedure/service or the separate five digit modifier code 09976 may be used.

-77: Repeat Procedure by Another Physician. The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier ‘-77’ to the repeated procedure/service or the separate five digit modifier code 09977 may be used.

-78: Return to the Operating Room for a Related Procedure during the Postoperative period. The physician may need to indicate that another

procedure was performed during that postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding the modifier '-78' to the related procedure, or by using the separate five digit modifier 09978. (For repeat procedures on the same day, see '-76'.)

-79: Unrelated Procedure or Service by the Same Physician during the Postoperative Period. The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using the modifier '-79' or by using the separate five digit modifier 09979. (For repeat procedures on the same day, see '-76'.)

-80: Pertains to assistant surgeons. Surgical assistant services may be identified by adding the modifier '-80' to the usual procedure code. This allows 15% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible assistant surgeon.

-82: Pertains to assistant surgeons when qualified resident surgeon not available. Surgical assistant services may be identified by adding modifier '-82' to the usual procedure code when a qualified resident surgeon is not available. This allows 15% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible assistant surgeon.

-HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)

-SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-TC: Technical Component. The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's professional component. When the technical component is reported separately the addition of modifier

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‘-TC’ to the procedure code will allow the technical component allowable fee (TC Fee) contained in 114.3 CMR 16.05(4) to be paid.

4) Fee Schedules

(a) Anesthesia Services

Code	Units	Description
00100	5	Anesthesia for procedures on salivary glands, including biopsy
00102	6	Anesthesia for procedures involving plastic repair of cleft lip
00103	5	Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)
00104	4	Anesthesia for electroconvulsive therapy
00120	5	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified
00124	4	Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy
00126	4	Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy
00140	5	Anesthesia for procedures on eye; not otherwise specified
00142	4	Anesthesia for procedures on eye; lens surgery
00144	6	Anesthesia for procedures on eye; corneal transplant
00145	6	Anesthesia for procedures on eye; vitreoretinal surgery
00147	4	Anesthesia for procedures on eye; iridectomy
00148	4	Anesthesia for procedures on eye; ophthalmoscopy
00160	5	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified
00162	7	Anesthesia for procedures on nose and accessory sinuses; radical surgery
00164	4	Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue
00170	5	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00172	6	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate
00174	6	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor
00176	7	Anesthesia for intraoral procedures, including biopsy; radical surgery
00190	5	Anesthesia for procedures on facial bones or skull; not otherwise specified
00192	7	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)
00210	11	Anesthesia for intracranial procedures; not otherwise specified
00212	5	Anesthesia for intracranial procedures; subdural taps
00214	9	Anesthesia for intracranial procedures; burr holes, including ventriculography
00215	9	Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)
00216	15	Anesthesia for intracranial procedures; vascular procedures
00218	13	Anesthesia for intracranial procedures; procedures in sitting position
00220	10	Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures
00222	6	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve
00300	5	Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified
00320	6	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older
00322	3	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid
00326	7	Anesthesia for all procedures on the larynx and trachea in children less than 1 year of age
00350	10	Anesthesia for procedures on major vessels of neck; not otherwise specified
00352	5	Anesthesia for procedures on major vessels of neck; simple ligation
00400	3	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified

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Code	Units	Description
00402	5	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)
00404	5	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast
00406	13	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection
00410	4	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias
00450	5	Anesthesia for procedures on clavicle and scapula; not otherwise specified
00452	6	Anesthesia for procedures on clavicle and scapula; radical surgery
00454	3	Anesthesia for procedures on clavicle and scapula; biopsy of clavicle
00470	6	Anesthesia for partial rib resection; not otherwise specified
00472	10	Anesthesia for partial rib resection; thoracoplasty (any type)
00474	13	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)
00500	15	Anesthesia for all procedures on esophagus
00520	6	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified
00522	4	Anesthesia for closed chest procedures; needle biopsy of pleura
00524	4	Anesthesia for closed chest procedures; pneumocentesis
00528	8	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing one lung ventilation
00529	11	Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing one lung ventilation
00530	4	Anesthesia for permanent transvenous pacemaker insertion
00532	4	Anesthesia for access to central venous circulation
00534	7	Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator
00537	7	Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation
00539	18	Anesthesia for tracheobronchial reconstruction
00540	12	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified
00541	15	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing one lung ventilation
00542	15	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication
00546	15	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty
00548	17	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi
00550	10	Anesthesia for sternal debridement
00560	15	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator
00561	25	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, under one year of age
00562	20	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator
00563	25	Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest
00566	25	Anesthesia for direct coronary artery bypass grafting without pump oxygenator
00580	20	Anesthesia for heart transplant or heart/lung transplant
00600	10	Anesthesia for procedures on cervical spine and cord; not otherwise specified

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Code	Units	Description
00604	13	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position
00620	10	Anesthesia for procedures on thoracic spine and cord; not otherwise specified
00622	13	Anesthesia for procedures on thoracic spine and cord; thoracolumbar sympathectomy
00630	8	Anesthesia for procedures in lumbar region; not otherwise specified
00632	7	Anesthesia for procedures in lumbar region; lumbar sympathectomy
00634	10	Anesthesia for procedures in lumbar region; chemonucleolysis
00635	4	Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture
00640	3	Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine
00670	13	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)
00700	4	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified
00702	4	Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy
00730	5	Anesthesia for procedures on upper posterior abdominal wall
00740	5	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum
00750	4	Anesthesia for hernia repairs in upper abdomen; not otherwise specified
00752	6	Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence
00754	7	Anesthesia for hernia repairs in upper abdomen; omphalocele
00756	7	Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia
00770	15	Anesthesia for all procedures on major abdominal blood vessels
00790	7	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified
00792	13	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)
00794	8	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)
00796	30	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)
00797	8	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity
00800	4	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified
00802	5	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy
00810	5	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum
00820	5	Anesthesia for procedures on lower posterior abdominal wall
00830	4	Anesthesia for hernia repairs in lower abdomen; not otherwise specified
00832	6	Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias
00834	5	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, under 1 year of age
00836	6	Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants less than 37 weeks gestational age at birth and less than 50 weeks gestational age at time of surgery
00840	6	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
00842	4	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis
00844	7	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection
00846	8	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy

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Code	Units	Description
00848	8	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration
00851	6	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection
00860	6	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified
00862	7	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper 1/3 of ureter, or donor nephrectomy
00864	8	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy
00865	7	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)
00866	10	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy
00868	10	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)
00870	5	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy
00872	7	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath
00873	5	Anesthesia for lithotripsy, extracorporeal shock wave; without water bath
00880	15	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified
00882	10	Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation
00902	5	Anesthesia for; anorectal procedure
00904	7	Anesthesia for; radical perineal procedure
00906	4	Anesthesia for; vulvectomy
00908	6	Anesthesia for; perineal prostatectomy
00910	3	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified
00912	5	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder tumor(s)
00914	5	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate
00916	5	Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bleeding
00918	5	Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus
00920	3	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified
00921	3	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral
00922	6	Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles
00924	4	Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral
00926	4	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal
00928	6	Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal
00930	4	Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral
00932	4	Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis

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Code	Units	Description
00934	6	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy
00936	8	Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy
00938	4	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)
00940	3	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
00942	4	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures
00944	6	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy
00948	4	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage
00950	5	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy
00952	4	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography
01112	5	Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest
01120	6	Anesthesia for procedures on bony pelvis
01130	3	Anesthesia for body cast application or revision
01140	15	Anesthesia for interpelvic abdominal (hindquarter) amputation
01150	10	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation
01160	4	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint
01170	8	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint
01173	12	Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum
01180	3	Anesthesia for obturator neurectomy; extrapelvic
01190	4	Anesthesia for obturator neurectomy; intrapelvic
01200	4	Anesthesia for all closed procedures involving hip joint
01202	4	Anesthesia for arthroscopic procedures of hip joint
01210	6	Anesthesia for open procedures involving hip joint; not otherwise specified
01212	10	Anesthesia for open procedures involving hip joint; hip disarticulation
01214	8	Anesthesia for open procedures involving hip joint; total hip arthroplasty
01215	10	Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty
01220	4	Anesthesia for all closed procedures involving upper 2/3 of femur
01230	6	Anesthesia for open procedures involving upper 2/3 of femur; not otherwise specified
01232	5	Anesthesia for open procedures involving upper 2/3 of femur; amputation
01234	8	Anesthesia for open procedures involving upper 2/3 of femur; radical resection
01250	4	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg
01260	3	Anesthesia for all procedures involving veins of upper leg, including exploration
01270	8	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified
01272	4	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation
01274	6	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy
01320	4	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area
01340	4	Anesthesia for all closed procedures on lower 1/3 of femur
01360	5	Anesthesia for all open procedures on lower 1/3 of femur
01380	3	Anesthesia for all closed procedures on knee joint
01382	3	Anesthesia for diagnostic arthroscopic procedures of knee joint

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Code	Units	Description
01390	3	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella
01392	4	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella
01400	4	Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified
01402	7	Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty
01404	5	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee
01420	3	Anesthesia for all cast applications, removal, or repair involving knee joint
01430	3	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified
01432	6	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula
01440	8	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified
01442	8	Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft
01444	8	Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm
01462	3	Anesthesia for all closed procedures on lower leg, ankle, and foot
01464	3	Anesthesia for arthroscopic procedures of ankle and/or foot
01470	3	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified
01472	5	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft
01474	5	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure)
01480	3	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified
01482	4	Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)
01484	4	Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula
01486	7	Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement
01490	3	Anesthesia for lower leg cast application, removal, or repair
01500	8	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified
01502	6	Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter
01520	3	Anesthesia for procedures on veins of lower leg; not otherwise specified
01522	5	Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter
01610	5	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla
01620	4	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint
01622	4	Anesthesia for diagnostic arthroscopic procedures of shoulder joint
01630	5	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified
01632	6	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; radical resection
01634	9	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation

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Code	Units	Description
01636	15	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscaphic (forequarter) amputation
01638	10	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement
01650	6	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified
01652	10	Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm
01654	8	Anesthesia for procedures on arteries of shoulder and axilla; bypass graft
01656	10	Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft
01670	4	Anesthesia for all procedures on veins of shoulder and axilla
01680	3	Anesthesia for shoulder cast application, removal or repair; not otherwise specified
01682	4	Anesthesia for shoulder cast application, removal or repair; shoulder spica
01710	3	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified
01712	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open
01714	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder
01716	5	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps
01730	3	Anesthesia for all closed procedures on humerus and elbow
01732	3	Anesthesia for diagnostic arthroscopic procedures of elbow joint
01740	4	Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified
01742	5	Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus
01744	5	Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus
01756	6	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures
01758	5	Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus
01760	7	Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement
01770	6	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified
01772	6	Anesthesia for procedures on arteries of upper arm and elbow; embolectomy
01780	3	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified
01782	4	Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy
01810	3	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand
01820	3	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones
01829	3	Anesthesia for diagnostic arthroscopic procedures on the wrist
01830	3	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified
01832	6	Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement
01840	6	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified
01842	6	Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy
01844	6	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)
01850	3	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified
01852	4	Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy
01860	3	Anesthesia for forearm, wrist, or hand cast application, removal, or repair
01905	5	Anesthesia for myelography, diskography, vertebroplasty

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Code	Units	Description
01916	5	Anesthesia for diagnostic arteriography/venography
01920	7	Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)
01922	7	Anesthesia for non-invasive imaging or radiation therapy
01924	5	Anesthesia for therapeutic interventional radiologic procedures involving the arterial system; not otherwise specified
01925	7	Anesthesia for therapeutic interventional radiologic procedures involving the arterial system; carotid or coronary
01926	8	Anesthesia for therapeutic interventional radiologic procedures involving the arterial system; intracranial, intracardiac, or aortic
01930	5	Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified
01931	7	Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transcutaneous porto-caval shunt (TIPS))
01932	6	Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular
01933	7	Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial
01951	3	Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than four percent total body surface area
01952	5	Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between four and nine percent of total body surface area
01953	1	Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional nine percent total body surface area or part thereof (List separately in addition to code for primary procedure)
01958	5	Anesthesia for external cephalic version procedure
01960	5	Anesthesia for vaginal delivery only
01961	7	Anesthesia for cesarean delivery only
01962	8	Anesthesia for urgent hysterectomy following delivery
01963	8	Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care
01965	4	Anesthesia for incomplete or missed abortion procedures
01966	4	Anesthesia for induced abortion procedures
01967	5	Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)
01968	2	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
01969	5	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)
01990	7	Physiological support for harvesting of organ(s) from brain-dead patient
01991	3	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position
01992	5	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); prone position
01995	5	Regional intravenous administration of local anesthetic agent or other medication (upper or lower extremity)
01996	3	Daily hospital management of epidural or subarachnoid continuous drug administration

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Code	Units	Description
01999	I.C.	Unlisted anesthesia procedure(s)

(b) Surgical Services

NFAC—These amounts apply when service is performed in a non-facility setting.

FAC—These amounts apply when service is performed in a facility setting.

Global Fee—These amounts apply when no site of service differential rate is specified.

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
10021	108.97	55.34				Fine needle aspiration; without imaging guidance
10022	121.44	50.92				Fine needle aspiration; with imaging guidance
10040	67.28	60.00				Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060	75.20	65.93				Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	132.97	122.04				Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
10080	137.88	71.66				Incision and drainage of pilonidal cyst; simple
10081	208.40	122.98				Incision and drainage of pilonidal cyst; complicated
10120	108.70	68.64				Incision and removal of foreign body, subcutaneous tissues; simple
10121	198.53	141.26				Incision and removal of foreign body, subcutaneous tissues; complicated
10140	105.62	89.40				Incision and drainage of hematoma, seroma or fluid collection
10160	89.39	72.17				Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	169.23	136.12				Incision and drainage, complex, postoperative wound infection
11000	37.41	25.49				Debridement of extensive eczematous or infected skin; up to 10% of body surface
11001	16.83	12.86				Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (List separately in addition to code for primary procedure)
11004			430.37			Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
11005			587.56			Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
11006			539.28			Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11008			219.53			Removal of prosthetic material or mesh, abdominal wall for necrotizing soft tissue infection (List separately in addition to code for primary procedure)
11010	359.10	218.06				Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues
11011	424.40	231.38				Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle
11012	618.44	343.97				Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11040	32.43	22.16				Debridement; skin, partial thickness
11041	46.83	35.91				Debridement; skin, full thickness
11042	66.09	48.54				Debridement; skin, and subcutaneous tissue
11043	185.41	159.25				Debridement; skin, subcutaneous tissue, and muscle
11044	242.16	218.98				Debridement; skin, subcutaneous tissue, muscle, and bone
11055	31.59	18.67				Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	39.67	26.10				Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions
11057	48.65	34.08				Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than four lesions
11100	64.52	35.38				Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
11101	22.74	18.11				Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)
11200	56.68	47.41				Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions
11201	13.79	12.46				Removal of skin tags, multiple fibrocuteaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure)
11300	47.59	21.77				Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	61.22	37.05				Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	73.28	45.47				Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	88.27	53.17				Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	48.29	29.09				Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11306	65.44	42.93				Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	75.89	49.40				Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	90.02	61.55				Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	57.89	31.73				Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	70.96	46.46				Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	81.64	52.83				Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	107.09	71.00				Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	91.13	54.05				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	104.55	70.12				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	118.62	80.54				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	132.91	97.15				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	151.56	108.18				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	185.35	138.34				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	87.79	59.98				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	110.83	79.04				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	123.61	92.82				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11423	145.97	108.23				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	166.02	125.96				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	229.95	184.26				Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	104.36	74.56				Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	121.43	93.29				Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	135.71	103.26				Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	165.11	128.69				Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	209.01	166.31				Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	267.96	225.91				Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11450	250.19	150.53				Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	340.31	205.56				Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	246.29	143.65				Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	347.82	210.42				Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	266.95	174.24				Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	357.50	226.72				Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11600	125.97	70.68				Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11601	142.33	93.00				Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	150.46	98.48				Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	166.29	108.35				Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	182.94	117.06				Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	237.66	160.52				Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
11620	121.10	66.47				Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	141.22	92.55				Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	159.43	107.12				Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	187.44	129.17				Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	215.06	149.84				Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	282.67	208.51				Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11640	127.97	76.65				Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	163.80	114.14				Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	188.98	132.70				Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	217.94	157.02				Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	275.05	201.22				Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	369.43	293.61				Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
11719	13.44	7.48				Trimming of nondystrophic nails, any number
11720	21.03	13.74				Debridement of nail(s) by any method(s); one to five
11721	31.11	23.50				Debridement of nail(s) by any method(s); six or more
11730	68.57	48.71				Avulsion of nail plate, partial or complete, simple; single

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11732	31.94	24.66				Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
11740	29.37	22.74				Evacuation of subungual hematoma
11750	128.35	114.78				Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;
11752			181.21			Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal; with amputation of tuft of distal phalanx
11755	91.44	64.96				Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	135.60	107.78				Repair of nail bed
11762	183.89	166.01				Reconstruction of nail bed with graft
11765	80.19	46.09				Wedge excision of skin of nail fold (eg, for ingrown toenail)
11770	195.32	129.44				Excision of pilonidal cyst or sinus; simple
11771	362.87	285.40				Excision of pilonidal cyst or sinus; extensive
11772	462.20	381.42				Excision of pilonidal cyst or sinus; complicated
11900	36.39	21.82				Injection, intralesional; up to and including seven lesions
11901	44.71	34.44				Injection, intralesional; more than seven lesions
11920	172.86	86.11				Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	191.46	102.07				Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	52.90	23.43				Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm (List separately in addition to code for primary procedure)
11950	62.38	37.55				Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	84.80	52.35				Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	112.03	72.96				Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	138.02	86.70				Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960			625.86			Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970			422.65			Replacement of tissue expander with permanent prosthesis
11971	368.85	192.05				Removal of tissue expander(s) without insertion of prosthesis
11975	91.87	63.72				Insertion, implantable contraceptive capsules
11976	111.01	76.58				Removal, implantable contraceptive capsules

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
11977	175.29	141.52				Removal with reinsertion, implantable contraceptive capsules
11980	79.71	61.83				Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
11981	100.02	66.24				Insertion, non-biodegradable drug delivery implant
11982	117.73	80.65				Removal, non-biodegradable drug delivery implant
11983	172.48	145.34				Removal with reinsertion, non-biodegradable drug delivery implant
12001	116.39	76.00				Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002	123.26	85.19				Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12004	143.97	100.26				Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005	179.06	125.09				Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	221.91	159.33				Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	250.86	184.32				Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12011	123.24	78.22				Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	134.71	90.01				Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	158.79	108.47				Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	198.92	136.35				Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016	234.86	167.32				Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017			203.77			Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018			242.24			Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
12020	206.18	143.28				Treatment of superficial wound dehiscence; simple closure
12021	116.99	103.09				Treatment of superficial wound dehiscence; with packing
12031	139.25	95.22				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	199.55	131.68				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034	192.52	134.58				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	276.07	175.09				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12036	308.77	208.78				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037	346.31	242.35				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12041	154.41	107.39				Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	188.06	128.13				Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12044	199.73	146.10				Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	284.66	185.67				Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	345.55	221.06				Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	352.24	243.97				Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12051	181.57	120.98				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	187.56	127.97				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	199.28	142.33				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054	220.59	156.36				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	281.31	203.18				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	382.40	259.57				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	381.16	302.04				Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13100	226.77	168.83				Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	268.87	203.32				Repair, complex, trunk; 2.6 cm to 7.5 cm

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
13102	76.04	56.17				Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13120	234.74	175.14				Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	286.31	218.10				Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	93.29	64.15				Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13131	255.33	199.71				Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	367.89	309.95				Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	119.72	98.87				Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13150	274.57	204.71				Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
13151	289.32	234.36				Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	384.53	318.31				Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	135.61	109.12				Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
13160			562.29			Secondary closure of surgical wound or dehiscence, extensive or complicated
14000	436.84	357.71				Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	565.52	487.72				Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	482.54	413.67				Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	627.98	571.37				Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	524.21	470.90				Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	686.04	622.48				Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	542.36	497.33				Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	742.34	672.81				Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14300	721.04	656.15				Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
14350			533.30			Filleted finger or toe flap, including preparation of recipient site
15000	248.56	195.25				Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; first 100 sq cm or one percent of body area of infants and children
15001	75.56	44.44				Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; each additional 100 sq cm or each additional one percent of body area of infants and children (List separately in addition to code for primary procedure)
15040	212.15	98.25				Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
15050	361.18	301.25				Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15100	697.20	538.94				Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
15101	176.90	91.81				Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15110	647.06	525.22				Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
15111	99.84	83.28				Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15115	604.06	541.82				Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15116	129.03	113.80				Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15120	654.23	556.56				Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15121	231.43	143.36				Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15130	543.29	426.42				Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
15131	81.73	67.49				Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15135	646.51	588.57				Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15136	75.54	68.26				Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15150	535.08	468.21				Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less
15151	105.11	89.88				Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15152	128.82	112.27				Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15155	532.68	504.20				Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	135.98	125.38				Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15157	150.87	136.63				Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15170	278.12	229.45				Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15171	69.75	67.77				Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15175	392.60	345.26				Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15176	111.19	107.22				Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15200	556.57	450.30				Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	125.95	61.39				Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm (List separately in addition to code for primary procedure)
15220	541.72	458.61				Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15221	113.73	55.13				Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm (List separately in addition to code for primary procedure)
15240	609.72	534.90				Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	137.85	86.86				Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm (List separately in addition to code for primary procedure)
15260	632.91	578.61				Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	155.94	112.90				Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm (List separately in addition to code for primary procedure)
15300	227.90	195.79				Allograft skin for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
15301	46.43	44.11				Allograft skin for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15320	263.52	227.43				Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15321	69.15	65.84				Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15330	227.57	195.46				Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
15331	46.10	44.11				Acellular dermal allograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15335	252.33	218.23				Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15336	66.98	63.01				Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15340	245.11	203.73				Tissue cultured allogeneic skin substitute; first 25 sq cm or less
15341	35.41	21.83				Tissue cultured allogeneic skin substitute; each additional 25 sq cm
15360	265.28	219.26				Tissue cultured allogeneic dermal substitute; trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
15361	54.23	50.26				Tissue cultured allogeneic dermal substitute; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15365	276.37	231.34				Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15366	67.20	63.22				Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15400			254.27			Xenograft, skin (dermal), for temporary wound closure; trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
15401	93.77	45.44				Xenograft, skin (dermal), for temporary wound closure; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15420	295.03	262.25				Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15421	90.01	66.83				Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15430	403.35	393.75				Acellular xenograft implant; first 100 sq cm or less, or one percent of body area of infants and children
15431			I.C.			Acellular xenograft implant; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15570	660.27	509.63				Formation of direct or tubed pedicle, with or without transfer; trunk
15572	598.87	497.89				Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	655.19	559.17				Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15576	584.00	488.65				Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15600	311.30	160.66				Delay of flap or sectioning of flap (division and inset); at trunk
15610	230.56	188.51				Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	347.62	218.16				Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15630	332.04	236.03				Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	356.28	258.94				Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
15732	1137.41	944.06				Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)
15734	1152.24	961.86				Muscle, myocutaneous, or fasciocutaneous flap; trunk

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15736	1110.75	878.00				Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	1152.10	944.51				Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	634.19	571.94				Flap; island pedicle
15750			647.97			Flap; neurovascular pedicle
15756			1761.57			Free muscle or myocutaneous flap with microvascular anastomosis
15757			1779.54			Free skin flap with microvascular anastomosis
15758			1782.89			Free fascial flap with microvascular anastomosis
15760	593.88	502.17				Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15770			453.61			Graft; derma-fat-fascia
15775	261.57	164.23				Punch graft for hair transplant; 1 to 15 punch grafts
15776	347.28	262.52				Punch graft for hair transplant; more than 15 punch grafts
15780	599.30	490.70				Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	371.28	319.96				Dermabrasion; segmental, face
15782	454.25	344.66				Dermabrasion; regional, other than face
15783	353.08	263.69				Dermabrasion; superficial, any site, (eg, tattoo removal)
15786	170.00	102.46				Abrasion; single lesion (eg, keratosis, scar)
15787	46.14	15.34				Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)
15788	283.24	162.73				Chemical peel, facial; epidermal
15789	409.15	299.89				Chemical peel, facial; dermal
15792	289.89	202.16				Chemical peel, nonfacial; epidermal
15793	316.28	253.04				Chemical peel, nonfacial; dermal
15819			519.96			Cervicoplasty
15820	382.93	336.25				Blepharoplasty, lower eyelid;
15821	412.44	358.14				Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	325.10	280.40				Blepharoplasty, upper eyelid;
15823	466.99	419.98				Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824			I.C.			Rhytidectomy; forehead
15825			I.C.			Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826			I.C.			Rhytidectomy; glabellar frown lines
15828			I.C.			Rhytidectomy; cheek, chin, and neck
15829			I.C.			Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15831			653.35			Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)
15832			634.83			Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15833			600.37			Excision, excessive skin and subcutaneous tissue (including lipectomy); leg
15834			591.67			Excision, excessive skin and subcutaneous tissue (including lipectomy); hip
15835			609.22			Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock
15836			513.89			Excision, excessive skin and subcutaneous tissue (including lipectomy); arm
15837	543.68	504.61				Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand
15838			411.74			Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
15839	580.19	499.40				Excision, excessive skin and subcutaneous tissue (including lipectomy); other area
15840			727.82			Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841			1198.73			Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842			1922.31			Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845			675.08			Graft for facial nerve paralysis; regional muscle transfer
15850	74.40	32.68				Removal of sutures under anesthesia (other than local), same surgeon
15851	80.82	35.46				Removal of sutures under anesthesia (other than local), other surgeon
15852	87.12	36.79				Dressing change (for other than burns) under anesthesia (other than local)
15860	87.61	85.95				Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
15876			I.C.			Suction assisted lipectomy; head and neck
15877			I.C.			Suction assisted lipectomy; trunk
15878			I.C.			Suction assisted lipectomy; upper extremity
15879			I.C.			Suction assisted lipectomy; lower extremity
15920			427.90			Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15922			545.45			Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
15931			472.68			Excision, sacral pressure ulcer, with primary suture;
15933			594.95			Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934			658.09			Excision, sacral pressure ulcer, with skin flap closure;
15935			792.99			Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
15936			655.01			Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
15937			765.78			Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15940			493.03			Excision, ischial pressure ulcer, with primary suture;
15941			667.48			Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
15944			639.61			Excision, ischial pressure ulcer, with skin flap closure;
15945			712.74			Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946			1145.23			Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
15950			411.90			Excision, trochanteric pressure ulcer, with primary suture;
15951			591.00			Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
15952			608.41			Excision, trochanteric pressure ulcer, with skin flap closure;
15953			688.44			Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
15956			836.92			Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15958			845.65			Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15999			I.C.			Unlisted procedure, excision pressure ulcer
16000	54.95	35.08				Initial treatment, first degree burn, when no more than local treatment is required
16020	66.69	43.18				Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
16025	114.16	87.34				Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)
16030	135.23	100.14				Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than one extremity, or greater than 10% total body surface area)
16035			166.33			Escharotomy; initial incision
16036			65.94			Escharotomy; each additional incision (List separately in addition to code for primary procedure)
17000	49.43	35.19				Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; first lesion

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
17003	8.03	6.70				Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; second through 14 lesions, each (List separately in addition to code for first lesion)
17004	156.31	132.48				Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions, 15 or more lesions
17106	287.48	245.43				Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	506.90	448.96				Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	685.17	631.87				Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17110	72.78	42.32				Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; up to 14 lesions
17111	81.92	53.45				Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; 15 or more lesions
17250	55.60	26.47				Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
17260	68.51	48.31				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
17261	86.87	61.05				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
17262	107.73	78.93				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
17263	119.41	87.30				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm
17264	129.42	92.67				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
17266	150.01	107.30				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm
17270	94.01	66.53				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
17271	101.60	75.11				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
17272	116.87	87.40				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
17273	131.81	98.70				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm
17274	159.15	121.74				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
17276	189.99	147.95				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
17280	86.87	60.38				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	112.50	85.35				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
17282	129.88	99.42				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
17283	160.10	125.01				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm
17284	188.94	150.20				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
17286	249.84	209.12				Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
17304	490.68	335.40				Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); first stage, fresh tissue technique, up to 5 specimens
17305	210.62	125.86				Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); second stage, fixed or fresh tissue, up to 5 specimens
17306	211.28	126.19				Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); third stage, fixed or fresh tissue, up to 5 specimens
17307	199.70	126.53				Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); additional stage(s), up to 5 specimens, each stage
17310	80.65	42.25				Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); each additional specimen, after the first 5 specimens, fixed or fresh tissue, any stage (List separately in addition to code for primary procedure)
17340	34.45	34.11				Cryotherapy (CO2 slush, liquid N2) for acne
17360	88.68	69.80				Chemical exfoliation for acne (eg, acne paste, acid)
17380			I.C.			Electrolysis epilation, each 1/2 hour
17999			I.C.			Unlisted procedure, skin, mucous membrane and subcutaneous tissue

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
19000	90.97	35.35				Puncture aspiration of cyst of breast;
19001	20.82	17.18				Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)
19020	319.04	197.54				Mastotomy with exploration or drainage of abscess, deep
19030	139.47	61.00				Injection procedure only for mammary ductogram or galactogram
19100	108.00	52.71				Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
19101	246.24	160.49				Biopsy of breast; open, incisional
19102	185.74	80.45				Biopsy of breast; percutaneous, needle core, using imaging guidance
19103	490.46	149.77				Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance
19110	324.10	226.76				Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	313.55	201.31				Excision of lactiferous duct fistula
19120	320.91	271.91				Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions
19125	344.29	294.63				Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19126			122.88			Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19140	394.78	270.29				Mastectomy for gynecomastia
19160			297.10			Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19162			624.99			Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19180			436.73			Mastectomy, simple, complete
19182			394.98			Mastectomy, subcutaneous
19200			736.23			Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19220			754.91			Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
19240			762.80			Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
19260			845.49			Excision of chest wall tumor including ribs

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
19271			1177.94			Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy
19272			1292.17			Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy
19290	131.48	50.69				Preoperative placement of needle localization wire, breast;
19291	58.43	25.32				Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)
19295			89.62			Image guided placement, metallic localization clip, percutaneous, during breast biopsy (List separately in addition to code for primary procedure)
19296	4272.11	159.39				Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19297			72.70			Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19298	1575.84	256.14				Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
19316			581.94			Mastopexy
19318			868.85			Reduction mammoplasty
19324			343.00			Mammoplasty, augmentation; without prosthetic implant
19325			480.38			Mammoplasty, augmentation; with prosthetic implant
19328			344.16			Removal of intact mammary implant
19330			438.74			Removal of mammary implant material
19340			302.31			Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342			647.36			Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	738.22	516.73				Nipple/areola reconstruction
19355	570.62	386.20				Correction of inverted nipples
19357			1086.90			Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361			1011.56			Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant
19364			2056.37			Breast reconstruction with free flap
19366			1046.27			Breast reconstruction with other technique

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
19367			1356.95			Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
19368			1649.41			Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369			1537.51			Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370			480.97			Open periprosthetic capsulotomy, breast
19371			554.88			Periprosthetic capsulectomy, breast
19380			541.05			Revision of reconstructed breast
19396	102.66	99.68				Preparation of moulage for custom breast implant
19499			I.C.			Unlisted procedure, breast
20000	153.78	122.00				Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial
20005	220.75	179.70				Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated
20100			454.08			Exploration of penetrating wound (separate procedure); neck
20101	295.82	152.79				Exploration of penetrating wound (separate procedure); chest
20102	367.61	183.20				Exploration of penetrating wound (separate procedure); abdomen/flank/back
20103	448.24	276.07				Exploration of penetrating wound (separate procedure); extremity
20150			657.99			Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
20200	146.29	70.47				Biopsy, muscle; superficial
20205	201.69	111.96				Biopsy, muscle; deep
20206	244.89	49.88				Biopsy, muscle, percutaneous needle
20220	188.32	63.17				Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225	868.60	94.20				Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20240			184.19			Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245			463.01			Biopsy, bone, open; deep (eg, humerus, ischium, femur)
20250			278.28			Biopsy, vertebral body, open; thoracic
20251			317.74			Biopsy, vertebral body, open; lumbar or cervical
20500	111.95	87.45				Injection of sinus tract; therapeutic (separate procedure)
20501	118.65	30.25				Injection of sinus tract; diagnostic (sinogram)
20520	152.68	114.61				Removal of foreign body in muscle or tendon sheath; simple

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
20525	411.81	195.28				Removal of foreign body in muscle or tendon sheath; deep or complicated
20526	61.10	46.20				Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
20550	46.32	30.43				Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar fascia)
20551	45.10	33.52				Injection(s); single tendon origin/insertion
20552	43.26	26.04				Injection(s); single or multiple trigger point(s), one or two muscle(s)
20553	48.84	28.98				Injection(s); single or multiple trigger point(s), three or more muscle(s)
20600	41.62	31.68				Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20605	45.81	32.57				Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610	55.83	38.28				Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
20612	45.16	33.57				Aspiration and/or injection of ganglion cyst(s) any location
20615	184.25	128.96				Aspiration and injection for treatment of bone cyst
20650	147.25	120.10				Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20660	184.14	136.13				Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
20661			323.77			Application of halo, including removal; cranial
20662			364.02			Application of halo, including removal; pelvic
20663			331.61			Application of halo, including removal; femoral
20664			495.97			Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta), requiring general anesthesia
20665	112.10	85.28				Removal of tongs or halo applied by another physician
20670	437.59	124.38				Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure)
20680	396.85	228.66				Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20690			193.99			Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
20692			326.16			Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
20693			364.96			Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))
20694	368.05	265.08				Removal, under anesthesia, of external fixation system

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
20802			1920.45			Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation
20805			2632.32			Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation
20808			3262.65			Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation
20816			2212.70			Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation
20822			1950.72			Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
20824			2173.33			Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
20827			2024.38			Replantation, thumb (includes distal tip to MP joint), complete amputation
20838			1911.41			Replantation, foot, complete amputation
20900	455.29	363.91				Bone graft, any donor area; minor or small (eg, dowel or button)
20902			466.67			Bone graft, any donor area; major or large
20910			335.88			Cartilage graft; costochondral
20912			383.64			Cartilage graft; nasal septum
20920			301.81			Fascia lata graft; by stripper
20922	449.01	360.28				Fascia lata graft; by incision and area exposure, complex or sheet
20924			398.06			Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20926			330.17			Tissue grafts, other (eg, paratenon, fat, dermis)
20930			I.C.			Allograft for spine surgery only; morselized
20931			90.62			Allograft for spine surgery only; structural
20936			I.C.			Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision
20937			137.48			Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)
20938			149.74			Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)
20950	266.55	72.20				Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
20955			2001.10			Bone graft with microvascular anastomosis; fibula
20956			2065.83			Bone graft with microvascular anastomosis; iliac crest
20957			1912.31			Bone graft with microvascular anastomosis; metatarsal
20962			2114.79			Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
20969			2207.66			Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970			2182.93			Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972			1992.61			Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973			2226.49			Free osteocutaneous flap with microvascular anastomosis; great toe with web space
20974	42.50	37.54				Electrical stimulation to aid bone healing; noninvasive (nonoperative)
20975			140.14			Electrical stimulation to aid bone healing; invasive (operative)
20979	45.70	30.47				Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
20982	3854.35	315.73				Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance
20999			I.C.			Unlisted procedure, musculoskeletal system, general
21010			540.91			Arthrotomy, temporomandibular joint
21015			328.31			Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp
21025	714.57	618.55				Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	408.56	357.57				Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	545.81	467.34				Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	346.85	303.48				Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	272.11	220.79				Excision of torus mandibularis
21032	277.84	216.92				Excision of maxillary torus palatinus
21034	1014.91	906.65				Excision of malignant tumor of maxilla or zygoma
21040	348.84	293.22				Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044			664.65			Excision of malignant tumor of mandible;
21045			892.13			Excision of malignant tumor of mandible; radical resection
21046			796.39			Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21047			1012.93			Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))
21048			816.18			Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21049			966.35			Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))
21050			644.58			Condylectomy, temporomandibular joint (separate procedure)
21060			599.78			Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070			491.31			Coronoidectomy (separate procedure)
21076	826.40	748.26				Impression and custom preparation; surgical obturator prosthesis
21077	2076.76	1899.96				Impression and custom preparation; orbital prosthesis
21079	1403.08	1258.73				Impression and custom preparation; interim obturator prosthesis
21080	1591.89	1421.71				Impression and custom preparation; definitive obturator prosthesis
21081	1445.66	1286.08				Impression and custom preparation; mandibular resection prosthesis
21082	1289.91	1170.05				Impression and custom preparation; palatal augmentation prosthesis
21083	1222.67	1077.99				Impression and custom preparation; palatal lift prosthesis
21084	1417.18	1259.92				Impression and custom preparation; speech aid prosthesis
21085	552.89	502.90				Impression and custom preparation; oral surgical splint
21086	1561.39	1418.36				Impression and custom preparation; auricular prosthesis
21087	1540.11	1404.37				Impression and custom preparation; nasal prosthesis
21088			I.C.			Impression and custom preparation; facial prosthesis
21089			I.C.			Unlisted maxillofacial prosthetic procedure
21100	507.10	281.63				Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	477.84	437.78				Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21116	167.50	34.73				Injection procedure for temporomandibular joint arthrography
21120	501.16	398.53				Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	554.89	491.32				Genioplasty; sliding osteotomy, single piece
21122			546.02			Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123			698.86			Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	2145.19	587.77				Augmentation, mandibular body or angle; prosthetic material
21127	1762.89	655.74				Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21137			558.21			Reduction forehead; contouring only
21138			692.99			Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139			798.21			Reduction forehead; contouring and setback of anterior frontal sinus wall
21141			1007.01			Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142			999.89			Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft
21143			1054.44			Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft
21145			1077.29			Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146			1151.59			Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147			1143.71			Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150			1312.51			Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151			1597.37			Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154			1668.32			Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155			1896.01			Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159			2322.31			Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160			2290.57			Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21172			1305.93			Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175			1617.33			Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21179			1148.07			Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180			1285.95			Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181			551.49			Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182			1588.70			Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183			1769.59			Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184			1914.88			Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
21188			1286.29			Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193			944.87			Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194			1051.18			Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195			1005.99			Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196			1091.07			Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198			846.18			Osteotomy, mandible, segmental;
21199			776.90			Osteotomy, mandible, segmental; with genioglossus advancement
21206			839.74			Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	1048.85	625.73				Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	564.81	474.09				Osteoplasty, facial bones; reduction
21210	1137.99	622.82				Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	1722.94	643.28				Graft, bone; mandible (includes obtaining graft)
21230			593.87			Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21235	526.52	412.63				Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240			839.21			Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242			780.52			Arthroplasty, temporomandibular joint, with allograft
21243			1227.26			Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244			757.95			Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	833.09	682.11				Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246			675.79			Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247			1266.22			Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	755.46	664.74				Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	1095.81	962.06				Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255			1051.85			Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256			874.36			Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260			903.08			Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261			1753.03			Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263			1479.08			Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267			1217.92			Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268			1430.64			Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	685.97	539.97				Malar augmentation, prosthetic material
21275			610.87			Secondary revision of orbitocraniofacial reconstruction
21280			373.02			Medial canthopexy (separate procedure)
21282			250.99			Lateral canthopexy
21295			130.11			Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296			288.09			Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21299			I.C.			Unlisted craniofacial and maxillofacial procedure
21300	101.35	31.49				Closed treatment of skull fracture without operation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21310	93.02	22.17				Closed treatment of nasal bone fracture without manipulation
21315	185.39	107.59				Closed treatment of nasal bone fracture; without stabilization
21320	185.12	108.97				Closed treatment of nasal bone fracture; with stabilization
21325			397.27			Open treatment of nasal fracture; uncomplicated
21330			483.61			Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335			574.56			Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336			489.83			Open treatment of nasal septal fracture, with or without stabilization
21337	284.43	199.68				Closed treatment of nasal septal fracture, with or without stabilization
21338			662.74			Open treatment of nasoethmoid fracture; without external fixation
21339			707.11			Open treatment of nasoethmoid fracture; with external fixation
21340			602.65			Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343			905.01			Open treatment of depressed frontal sinus fracture
21344			1148.42			Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	573.40	484.67				Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346			726.03			Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347			921.97			Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21348			886.40			Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21355	318.81	227.44				Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	361.51	276.09				Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360			392.44			Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365			811.45			Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21366			923.85			Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
21385			550.27			Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386			510.21			Open treatment of orbital floor blowout fracture; periorbital approach
21387			590.23			Open treatment of orbital floor blowout fracture; combined approach
21390			559.44			Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21395			682.97			Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
21400	128.93	104.43				Closed treatment of fracture of orbit, except blowout; without manipulation
21401	364.12	214.80				Closed treatment of fracture of orbit, except blowout; with manipulation
21406			412.44			Open treatment of fracture of orbit, except blowout; without implant
21407			487.34			Open treatment of fracture of orbit, except blowout; with implant
21408			670.02			Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21421	468.51	434.41				Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422			520.81			Open treatment of palatal or maxillary fracture (LeFort I type);
21423			625.87			Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431			527.10			Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432			524.15			Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433			1308.80			Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435			943.70			Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21436			1450.60			Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21440	319.12	288.00				Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	490.19	444.17				Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	334.76	317.87				Closed treatment of mandibular fracture; without manipulation
21451	459.45	427.66				Closed treatment of mandibular fracture; with manipulation
21452	493.35	213.92				Percutaneous treatment of mandibular fracture, with external fixation
21453	526.51	526.18				Closed treatment of mandibular fracture with interdental fixation
21454			405.16			Open treatment of mandibular fracture with external fixation
21461	1058.17	666.50				Open treatment of mandibular fracture; without interdental fixation
21462	1216.44	721.80				Open treatment of mandibular fracture; with interdental fixation
21465			689.12			Open treatment of mandibular condylar fracture
21470			867.71			Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	77.19	24.55				Closed treatment of temporomandibular dislocation; initial or subsequent
21485	394.61	376.07				Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490			694.07			Open treatment of temporomandibular dislocation
21495			447.25			Open treatment of hyoid fracture
21497	398.40	371.58				Interdental wiring, for condition other than fracture
21499			I.C.			Unlisted musculoskeletal procedure, head
21501	328.23	241.82				Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21502			405.97			Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib osteotomy
21510			364.88			Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
21550	179.57	117.66				Biopsy, soft tissue of neck or thorax
21555	315.99	238.85				Excision tumor, soft tissue of neck or thorax; subcutaneous
21556			304.82			Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular
21557			447.97			Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or thorax
21600			403.35			Excision of rib, partial
21610			767.72			Costotransversectomy (separate procedure)
21615			527.75			Excision first and/or cervical rib;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
21616			641.20			Excision first and/or cervical rib; with sympathectomy
21620			408.30			Ostectomy of sternum, partial
21627			420.67			Sternal debridement
21630			931.94			Radical resection of sternum;
21632			930.42			Radical resection of sternum; with mediastinal lymphadenectomy
21685			714.79			Hyoid myotomy and suspension
21700			325.88			Division of scalenus anticus; without resection of cervical rib
21705			483.39			Division of scalenus anticus; with resection of cervical rib
21720			259.40			Division of sternocleidomastoid for torticollis, open operation; without cast application
21725			401.45			Division of sternocleidomastoid for torticollis, open operation; with cast application
21740			792.64			Reconstructive repair of pectus excavatum or carinatum; open
21742			I.C.			Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743			I.C.			Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
21750			537.59			Closure of median sternotomy separation with or without debridement (separate procedure)
21800			73.00			Closed treatment of rib fracture, uncomplicated, each
21805			191.05			Open treatment of rib fracture without fixation, each
21810			375.90			Treatment of rib fracture requiring external fixation (flail chest)
21820	99.67	97.68				Closed treatment of sternum fracture
21825			442.31			Open treatment of sternum fracture with or without skeletal fixation
21899			I.C.			Unlisted procedure, neck or thorax
21920	169.19	108.93				Biopsy, soft tissue of back or flank; superficial
21925	309.18	245.28				Biopsy, soft tissue of back or flank; deep
21930	342.88	266.07				Excision, tumor, soft tissue of back or flank
21935			872.06			Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank
22010			640.19			Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic
22015			634.70			Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral
22100			567.24			Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22101			571.59			Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22102			582.84			Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22103			114.81			Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)
22110			718.85			Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
22112			719.06			Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
22114			720.86			Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
22116			114.28			Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22210			1292.87			Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical
22212			1065.77			Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic
22214			1084.70			Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar
22216			300.09			Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
22220			1157.42			Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22222			1057.75			Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
22224			1161.73			Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22226			298.76			Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22305	142.40	129.49				Closed treatment of vertebral process fracture(s)
22310	176.62	161.72				Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22315	607.80	529.67				Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction
22318			1158.01			Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting
22319			1287.90			Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
22325			994.31			Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar
22326			1063.26			Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; cervical
22327			1031.33			Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; thoracic
22328			223.78			Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; each additional fractured vertebrae or dislocated segment (List separately in addition to code for primary procedure)
22505			91.05			Manipulation of spine requiring anesthesia, any region
22520	2332.55	454.31				Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; thoracic
22521	2125.23	431.07				Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar
22522			193.24			Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
22523			475.96			Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic
22524			456.35			Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22525			215.58			Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
22532			1253.68			Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22533			1162.16			Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22534			294.77			Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)
22548			1364.93			Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
22554			1025.12			Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22556			1235.72			Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22558			1128.93			Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22585			273.79			Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22590			1117.37			Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595			1061.57			Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600			901.86			Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
22610			901.33			Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)
22612			1152.92			Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22614			320.48			Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22630			1134.45			Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632			259.15			Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
22800			1013.41			Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802			1643.34			Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804			1914.37			Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808			1378.95			Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810			1562.51			Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22812			1689.87			Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22818			1652.23			Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
22819			1846.36			Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
22830			615.85			Exploration of spinal fusion
22840			625.02			Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)
22841			I.C.			Internal spinal fixation by wiring of spinous processes
22842			625.57			Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments
22843			655.75			Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments
22844			817.29			Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments
22845			596.60			Anterior instrumentation; 2 to 3 vertebral segments
22846			620.21			Anterior instrumentation; 4 to 7 vertebral segments
22847			682.22			Anterior instrumentation; 8 or more vertebral segments
22848			297.49			Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum
22849			988.99			Reinsertion of spinal fixation device

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
22850			541.52			Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22851			330.76			Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace
22852			517.40			Removal of posterior segmental instrumentation
22855			818.49			Removal of anterior instrumentation
22899			I.C.			Unlisted procedure, spine
22900			284.53			Excision, abdominal wall tumor, subfascial (eg, desmoid)
22999			I.C.			Unlisted procedure, abdomen, musculoskeletal system
23000	418.94	282.54				Removal of subdeltoid calcareous deposits, open
23020			532.83			Capsular contracture release (eg, Sever type procedure)
23030	352.95	203.96				Incision and drainage, shoulder area; deep abscess or hematoma
23031	347.18	176.68				Incision and drainage, shoulder area; infected bursa
23035			545.90			Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040			551.60			Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044			438.50			Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
23065	149.87	121.07				Biopsy, soft tissue of shoulder area; superficial
23066	383.80	261.30				Biopsy, soft tissue of shoulder area; deep
23075	195.40	133.16				Excision, soft tissue tumor, shoulder area; subcutaneous
23076			421.05			Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular
23077			836.88			Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area
23100			377.97			Arthrotomy, glenohumeral joint, including biopsy
23101			353.10			Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
23105			496.16			Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106			376.56			Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107			517.49			Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120			438.99			Claviclectomy; partial
23125			547.38			Claviclectomy; total
23130			474.95			Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140			388.48			Excision or curettage of bone cyst or benign tumor of clavicle or scapula;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
23145			532.17			Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146			483.17			Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150			494.23			Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155			603.25			Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156			519.04			Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170			415.03			Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172			422.28			Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174			577.87			Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180			567.85			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182			540.17			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184			605.60			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
23190			431.65			Ostectomy of scapula, partial (eg, superior medial angle)
23195			566.45			Resection, humeral head
23200			667.38			Radical resection for tumor; clavicle
23210			689.71			Radical resection for tumor; scapula
23220			818.01			Radical resection of bone tumor, proximal humerus;
23221			948.48			Radical resection of bone tumor, proximal humerus; with autograft (includes obtaining graft)
23222			1274.61			Radical resection of bone tumor, proximal humerus; with prosthetic replacement
23330	178.85	119.26				Removal of foreign body, shoulder; subcutaneous
23331			458.30			Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)
23332			676.51			Removal of foreign body, shoulder; complicated (eg, total shoulder)
23350	143.96	40.00				Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography
23395			959.19			Muscle transfer, any type, shoulder or upper arm; single
23397			885.36			Muscle transfer, any type, shoulder or upper arm; multiple
23400			760.63			Scapulopexy (eg, Sprengels deformity or for paralysis)
23405			494.10			Tenotomy, shoulder area; single tendon

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
23406			617.35			Tenotomy, shoulder area; multiple tendons through same incision
23410			705.31			Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412			748.74			Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415			580.17			Coracoacromial ligament release, with or without acromioplasty
23420			779.92			Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430			584.08			Tenodesis of long tendon of biceps
23440			604.99			Resection or transplantation of long tendon of biceps
23450			749.81			Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455			800.38			Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460			862.71			Capsulorrhaphy, anterior, any type; with bone block
23462			838.68			Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465			871.97			Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466			826.34			Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23470			948.43			Arthroplasty, glenohumeral joint; hemiarthroplasty
23472			1144.72			Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23480			644.30			Osteotomy, clavicle, with or without internal fixation;
23485			752.52			Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490			649.98			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491			804.21			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
23500	159.75	148.17				Closed treatment of clavicular fracture; without manipulation
23505	262.06	243.19				Closed treatment of clavicular fracture; with manipulation
23515			451.41			Open treatment of clavicular fracture, with or without internal or external fixation
23520	162.21	158.57				Closed treatment of sternoclavicular dislocation; without manipulation
23525	260.51	240.64				Closed treatment of sternoclavicular dislocation; with manipulation
23530			426.32			Open treatment of sternoclavicular dislocation, acute or chronic;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
23532			484.20			Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23540	163.36	146.81				Closed treatment of acromioclavicular dislocation; without manipulation
23545	237.02	209.54				Closed treatment of acromioclavicular dislocation; with manipulation
23550			440.07			Open treatment of acromioclavicular dislocation, acute or chronic;
23552			509.78			Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23570	169.89	165.92				Closed treatment of scapular fracture; without manipulation
23575	287.43	268.56				Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23585			536.31			Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation
23600	242.98	209.87				Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23605	357.87	323.11				Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23615			588.65			Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s);
23616			1141.17			Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s); with proximal humeral prosthetic replacement
23620	195.37	174.51				Closed treatment of greater humeral tuberosity fracture; without manipulation
23625	287.61	265.75				Closed treatment of greater humeral tuberosity fracture; with manipulation
23630			452.17			Open treatment of greater humeral tuberosity fracture, with or without internal or external fixation
23650	225.60	192.16				Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655			280.31			Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23660			448.23			Open treatment of acute shoulder dislocation
23665	316.72	296.19				Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23670			476.07			Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with or without internal or external fixation
23675	416.92	383.81				Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
23680			586.80			Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, with or without internal or external fixation
23700			151.92			Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
23800			790.43			Arthrodesis, glenohumeral joint;
23802			857.99			Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23900			1005.97			Interthoracoscapular amputation (forequarter)
23920			789.15			Disarticulation of shoulder;
23921			337.97			Disarticulation of shoulder; secondary closure or scar revision
23929			I.C.			Unlisted procedure, shoulder
23930	301.07	167.98				Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	252.25	128.09				Incision and drainage, upper arm or elbow area; bursa
23935			388.47			Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000			362.63			Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006			548.76			Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24065	168.10	119.43				Biopsy, soft tissue of upper arm or elbow area; superficial
24066	458.78	299.20				Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24075	364.99	233.88				Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous
24076			356.95			Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24077			621.03			Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area
24100			305.46			Arthrotomy, elbow; with synovial biopsy only
24101			389.79			Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102			479.99			Arthrotomy, elbow; with synovectomy
24105			259.18			Excision, olecranon bursa
24110			454.50			Excision or curettage of bone cyst or benign tumor, humerus;
24115			543.57			Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116			674.17			Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120			405.45			Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24125			446.88			Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)
24126			489.24			Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
24130			396.32			Excision, radial head
24134			600.30			Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136			491.92			Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138			511.23			Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140			590.41			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
24145			505.45			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck
24147			523.34			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
24149			831.37			Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)
24150			751.17			Radical resection for tumor, shaft or distal humerus;
24151			871.60			Radical resection for tumor, shaft or distal humerus; with autograft (includes obtaining graft)
24152			568.17			Radical resection for tumor, radial head or neck;
24153			521.12			Radical resection for tumor, radial head or neck; with autograft (includes obtaining graft)
24155			646.53			Resection of elbow joint (arthrectomy)
24160			474.77			Implant removal; elbow joint
24164			387.27			Implant removal; radial head
24200	166.52	107.25				Removal of foreign body, upper arm or elbow area; subcutaneous
24201	468.10	282.69				Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24220	158.63	52.69				Injection procedure for elbow arthrography
24300			307.99			Manipulation, elbow, under anesthesia
24301			590.99			Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24305			454.91			Tendon lengthening, upper arm or elbow, each tendon
24310			372.47			Tenotomy, open, elbow to shoulder, each tendon
24320			581.02			Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330			563.35			Flexor-plasty, elbow (eg, Steindler type advancement);

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24331			622.49			Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
24332			458.69			Tenolysis, triceps
24340			480.75			Tenodesis of biceps tendon at elbow (separate procedure)
24341			512.15			Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342			618.15			Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24343			542.14			Repair lateral collateral ligament, elbow, with local tissue
24344			822.96			Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24345			538.06			Repair medial collateral ligament, elbow, with local tissue
24346			816.33			Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24350			350.21			Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis);
24351			383.13			Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with extensor origin detachment
24352			407.95			Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with annular ligament resection
24354			407.68			Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with stripping
24356			419.42			Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with partial osteotomy
24360			702.11			Arthroplasty, elbow; with membrane (eg, fascial)
24361			790.03			Arthroplasty, elbow; with distal humeral prosthetic replacement
24362			806.80			Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363			1034.60			Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
24365			503.02			Arthroplasty, radial head;
24366			537.27			Arthroplasty, radial head; with implant
24400			643.18			Osteotomy, humerus, with or without internal fixation
24410			810.35			Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420			770.73			Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430			727.67			Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435			776.74			Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24470			531.51			Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24495			541.70			Decompression fasciotomy, forearm, with brachial artery exploration
24498			683.74			Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft
24500	261.13	222.39				Closed treatment of humeral shaft fracture; without manipulation
24505	382.21	342.15				Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24515			679.33			Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516			670.39			Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530	282.38	243.64				Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24535	476.91	436.52				Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
24538			587.01			Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24545			610.72			Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; without intercondylar extension
24546			871.50			Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; with intercondylar extension
24560	236.16	193.45				Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	394.26	358.17				Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566			515.70			Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575			615.51			Open treatment of humeral epicondylar fracture, medial or lateral, with or without internal or external fixation
24576	247.55	212.78				Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577	411.68	375.59				Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24579			659.73			Open treatment of humeral condylar fracture, medial or lateral, with or without internal or external fixation
24582			572.60			Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24586			853.19			Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);
24587			842.16			Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty
24600	289.47	244.44				Treatment of closed elbow dislocation; without anesthesia
24605			348.09			Treatment of closed elbow dislocation; requiring anesthesia
24615			556.37			Open treatment of acute or chronic elbow dislocation
24620			424.85			Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24635			882.80			Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without internal or external fixation
24640	97.22	62.45				Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24650	193.22	159.12				Closed treatment of radial head or neck fracture; without manipulation
24655	335.08	296.34				Closed treatment of radial head or neck fracture; with manipulation
24665			506.35			Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision;
24666			567.04			Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision; with radial head prosthetic replacement
24670	216.03	181.60				Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation
24675	348.08	313.64				Closed treatment of ulnar fracture, proximal end (olecranon process); with manipulation
24685			527.45			Open treatment of ulnar fracture proximal end (olecranon process), with or without internal or external fixation
24800			636.92			Arthrodesis, elbow joint; local
24802			776.85			Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)
24900			534.63			Amputation, arm through humerus; with primary closure
24920			530.79			Amputation, arm through humerus; open, circular (guillotine)
24925			423.29			Amputation, arm through humerus; secondary closure or scar revision
24930			561.48			Amputation, arm through humerus; re-amputation
24931			584.58			Amputation, arm through humerus; with implant
24935			744.86			Stump elongation, upper extremity

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
24940			I.C.			Cineplasty, upper extremity, complete procedure
24999			I.C.			Unlisted procedure, humerus or elbow
25000			333.90			Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25001			246.16			Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
25020			502.24			Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
25023			900.29			Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25024			541.62			Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
25025			829.98			Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
25028			434.29			Incision and drainage, forearm and/or wrist; deep abscess or hematoma
25031			391.53			Incision and drainage, forearm and/or wrist; bursa
25035			682.88			Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
25040			466.95			Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
25065	165.49	121.78				Biopsy, soft tissue of forearm and/or wrist; superficial
25066			3.63			Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)
25075			311.43			Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous
25076			469.59			Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular)
25077			703.47			Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area
25085			407.68			Capsulotomy, wrist (eg, contracture)
25100			296.24			Arthrotomy, wrist joint; with biopsy
25101			342.26			Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105			424.92			Arthrotomy, wrist joint; with synovectomy
25107			477.00			Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25110			356.40			Excision, lesion of tendon sheath, forearm and/or wrist
25111			261.55			Excision of ganglion, wrist (dorsal or volar); primary
25112			315.51			Excision of ganglion, wrist (dorsal or volar); recurrent
25115			739.50			Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25116			658.13			Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum
25118			326.85			Synovectomy, extensor tendon sheath, wrist, single compartment;
25119			441.02			Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120			592.56			Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
25125			657.34			Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)
25126			669.61			Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
25130			376.73			Excision or curettage of bone cyst or benign tumor of carpal bones;
25135			462.95			Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
25136			407.20			Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
25145			599.28			Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25150			494.36			Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151			653.56			Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius
25170			849.56			Radical resection for tumor, radius or ulna
25210			409.91			Carpectomy; one bone
25215			535.88			Carpectomy; all bones of proximal row
25230			366.41			Radial styloidectomy (separate procedure)
25240			392.01			Excision distal ulna partial or complete (eg, Darrach type or matched resection)
25246	156.45	58.12				Injection procedure for wrist arthrography
25248			441.14			Exploration with removal of deep foreign body, forearm or wrist
25250			408.00			Removal of wrist prosthesis; (separate procedure)
25251			556.22			Removal of wrist prosthesis; complicated, including total wrist
25259			307.65			Manipulation, wrist, under anesthesia
25260			684.69			Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263			683.36			Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25265			781.75			Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270			586.68			Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272			644.60			Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25274			725.10			Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25275			516.41			Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)
25280			643.62			Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290			662.41			Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295			607.36			Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300			552.42			Tenodesis at wrist; flexors of fingers
25301			529.09			Tenodesis at wrist; extensors of fingers
25310			685.29			Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312			759.56			Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315			795.79			Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316			919.03			Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer
25320			712.28			Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25332			661.46			Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335			784.36			Centralization of wrist on ulna (eg, radial club hand)
25337			685.38			Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint
25350			739.77			Osteotomy, radius; distal third
25355			805.27			Osteotomy, radius; middle or proximal third
25360			725.63			Osteotomy; ulna
25365			910.96			Osteotomy; radius AND ulna

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25370			954.73			Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375			956.99			Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390			808.87			Osteoplasty, radius OR ulna; shortening
25391			977.09			Osteoplasty, radius OR ulna; lengthening with autograft
25392			963.42			Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393			1085.08			Osteoplasty, radius AND ulna; lengthening with autograft
25394			590.99			Osteoplasty, carpal bone, shortening
25400			847.29			Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405			1023.64			Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
25415			966.55			Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420			1117.32			Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25425			1122.56			Repair of defect with autograft; radius OR ulna
25426			1044.67			Repair of defect with autograft; radius AND ulna
25430			528.37			Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
25431			610.31			Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone
25440			637.69			Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441			735.64			Arthroplasty with prosthetic replacement; distal radius
25442			629.61			Arthroplasty with prosthetic replacement; distal ulna
25443			609.62			Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444			646.93			Arthroplasty with prosthetic replacement; lunate
25445			568.37			Arthroplasty with prosthetic replacement; trapezium
25446			909.39			Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447			610.47			Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449			805.05			Revision of arthroplasty, including removal of implant, wrist joint
25450			586.81			Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455			644.95			Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25490			752.22			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
25491			791.85			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna
25492			897.20			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna
25500	194.31	165.84				Closed treatment of radial shaft fracture; without manipulation
25505	381.56	344.48				Closed treatment of radial shaft fracture; with manipulation
25515			537.57			Open treatment of radial shaft fracture, with or without internal or external fixation
25520	425.31	398.82				Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25525			718.12			Open treatment of radial shaft fracture, with internal and/ or external fixation and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation), with or without percutaneous skeletal fixation
25526			856.76			Open treatment of radial shaft fracture, with internal and/or external fixation and open treatment, with or without internal or external fixation of distal radioulnar joint (Galeazzi fracture/dislocation), includes repair of triangular fibrocartilage complex
25530	190.40	160.60				Closed treatment of ulnar shaft fracture; without manipulation
25535	361.85	338.01				Closed treatment of ulnar shaft fracture; with manipulation
25545			535.09			Open treatment of ulnar shaft fracture, with or without internal or external fixation
25560	198.01	161.92				Closed treatment of radial and ulnar shaft fractures; without manipulation
25565	399.18	356.80				Closed treatment of radial and ulnar shaft fractures; with manipulation
25574			460.27			Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius OR ulna
25575			645.65			Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius AND ulna
25600	218.09	181.01				Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation
25605	423.28	389.84				Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25611			542.86			Percutaneous skeletal fixation of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation
25620			509.67			Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation
25622	223.27	184.53				Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25624	351.62	310.56				Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25628			523.76			Open treatment of carpal scaphoid (navicular) fracture, with or without internal or external fixation
25630	228.67	187.62				Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone
25635	335.37	267.50				Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); with manipulation, each bone
25645			447.83			Open treatment of carpal bone fracture (other than carpal scaphoid (navicular)), each bone
25650	237.69	199.95				Closed treatment of ulnar styloid fracture
25651			349.73			Percutaneous skeletal fixation of ulnar styloid fracture
25652			470.01			Open treatment of ulnar styloid fracture
25660			300.99			Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation
25670			480.12			Open treatment of radiocarpal or intercarpal dislocation, one or more bones
25671			392.80			Percutaneous skeletal fixation of distal radioulnar dislocation
25675	330.84	297.40				Closed treatment of distal radioulnar dislocation with manipulation
25676			495.06			Open treatment of distal radioulnar dislocation, acute or chronic
25680			340.57			Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685			565.69			Open treatment of trans-scaphoperilunar type of fracture dislocation
25690			354.72			Closed treatment of lunate dislocation, with manipulation
25695			495.98			Open treatment of lunate dislocation
25800			607.51			Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
25805			692.94			Arthrodesis, wrist; with sliding graft
25810			658.75			Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
25820			494.22			Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
25825			594.97			Arthrodesis, wrist; with autograft (includes obtaining graft)
25830			791.57			Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
25900			695.88			Amputation, forearm, through radius and ulna;
25905			692.23			Amputation, forearm, through radius and ulna; open, circular (guillotine)
25907			631.02			Amputation, forearm, through radius and ulna; secondary closure or scar revision
25909			688.02			Amputation, forearm, through radius and ulna; re-amputation
25915			1165.21			Krukenberg procedure
25920			531.24			Disarticulation through wrist;
25922			464.66			Disarticulation through wrist; secondary closure or scar revision
25924			532.41			Disarticulation through wrist; re-amputation
25927			659.91			Transmetacarpal amputation;
25929			430.75			Transmetacarpal amputation; secondary closure or scar revision
25931			622.49			Transmetacarpal amputation; re-amputation
25999			I.C.			Unlisted procedure, forearm or wrist
26010	231.48	100.71				Drainage of finger abscess; simple
26011	360.80	145.27				Drainage of finger abscess; complicated (eg, felon)
26020			323.38			Drainage of tendon sheath, digit and/or palm, each
26025			320.26			Drainage of palmar bursa; single, bursa
26030			374.83			Drainage of palmar bursa; multiple bursa
26034			406.02			Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
26035			557.61			Decompression fingers and/or hand, injection injury (eg, grease gun)
26037			436.00			Decompressive fasciotomy, hand (excludes 26035)
26040			238.64			Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045			362.14			Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	560.66	215.01				Tendon sheath incision (eg, for trigger finger)
26060			204.55			Tenotomy, percutaneous, single, each digit
26070			224.38			Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075			242.18			Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080			293.00			Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26100			250.66			Arthrotomy with biopsy; carpometacarpal joint, each

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26105			256.21			Arthrotomy with biopsy; metacarpophalangeal joint, each
26110			243.58			Arthrotomy with biopsy; interphalangeal joint, each
26115	554.70	278.24				Excision, tumor or vascular malformation, soft tissue of hand or finger; subcutaneous
26116			371.21			Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular)
26117			499.46			Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger
26121			466.13			Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123			583.39			Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);
26125			224.36			Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)
26130			348.55			Synovectomy, carpometacarpal joint
26135			431.25			Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26140			392.08			Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145			397.69			Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160	509.21	235.07				Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170			311.35			Excision of tendon, palm, flexor, single (separate procedure), each
26180			340.63			Excision of tendon, finger, flexor (separate procedure), each tendon
26185			363.77			Sesamoidectomy, thumb or finger (separate procedure)
26200			350.03			Excision or curettage of bone cyst or benign tumor of metacarpal;
26205			468.92			Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
26210			340.35			Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;
26215			428.15			Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26230			394.23			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal
26235			385.69			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
26236			342.20			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
26250			446.62			Radical resection, metacarpal (eg, tumor);
26255			693.01			Radical resection, metacarpal (eg, tumor); with autograft (includes obtaining graft)
26260			422.58			Radical resection, proximal or middle phalanx of finger (eg, tumor);
26261			482.28			Radical resection, proximal or middle phalanx of finger (eg, tumor); with autograft (includes obtaining graft)
26262			353.81			Radical resection, distal phalanx of finger (eg, tumor)
26320			266.34			Removal of implant from finger or hand
26340			239.97			Manipulation, finger joint, under anesthesia, each joint
26350			671.71			Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26352			747.89			Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon
26356			860.48			Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon
26357			786.60			Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon
26358			836.69			Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon
26370			723.58			Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372			822.95			Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon
26373			786.28			Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon
26390			726.95			Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26392			874.37			Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
26410			540.78			Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon

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26412			637.11			Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26415			643.97			Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26416			761.64			Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod
26418			541.81			Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420			664.03			Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426			628.59			Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26428			684.29			Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
26432			466.23			Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg,allet finger)
26433			500.54			Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg,allet finger)
26434			572.51			Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)
26437			565.12			Realignment of extensor tendon, hand, each tendon
26440			601.71			Tenolysis, flexor tendon; palm OR finger, each tendon
26442			782.30			Tenolysis, flexor tendon; palm AND finger, each tendon
26445			570.18			Tenolysis, extensor tendon, hand OR finger, each tendon
26449			741.37			Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450			358.06			Tenotomy, flexor, palm, open, each tendon
26455			355.35			Tenotomy, flexor, finger, open, each tendon
26460			345.05			Tenotomy, extensor, hand or finger, open, each tendon
26471			551.47			Tenodesis; of proximal interphalangeal joint, each joint
26474			542.38			Tenodesis; of distal joint, each joint
26476			523.94			Lengthening of tendon, extensor, hand or finger, each tendon
26477			527.86			Shortening of tendon, extensor, hand or finger, each tendon
26478			573.73			Lengthening of tendon, flexor, hand or finger, each tendon
26479			563.24			Shortening of tendon, flexor, hand or finger, each tendon
26480			707.37			Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26483			772.35			Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485			748.89			Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489			693.07			Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26490			685.83			Opponensplasty; superficialis tendon transfer type, each tendon
26492			749.46			Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
26494			694.03			Opponensplasty; hypothenar muscle transfer
26496			737.50			Opponensplasty; other methods
26497			747.31			Transfer of tendon to restore intrinsic function; ring and small finger
26498			971.42			Transfer of tendon to restore intrinsic function; all four fingers
26499			712.06			Correction claw finger, other methods
26500			564.92			Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502			622.00			Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26504			652.49			Reconstruction of tendon pulley, each tendon; with tendon prosthesis (separate procedure)
26508			576.05			Release of thenar muscle(s) (eg, thumb contracture)
26510			544.45			Cross intrinsic transfer, each tendon
26516			628.89			Capsulodesis, metacarpophalangeal joint; single digit
26517			724.47			Capsulodesis, metacarpophalangeal joint; two digits
26518			724.75			Capsulodesis, metacarpophalangeal joint; three or four digits
26520			625.82			Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525			629.53			Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530			412.50			Arthroplasty, metacarpophalangeal joint; each joint
26531			481.69			Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
26535			285.10			Arthroplasty, interphalangeal joint; each joint
26536			518.37			Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540			594.21			Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541			712.09			Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542			609.88			Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26545			618.08			Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26546			778.29			Repair non-union, metacarpal or phalanx, (includes obtaining bone graft with or without external or internal fixation)
26548			676.06			Repair and reconstruction, finger, volar plate, interphalangeal joint
26550			1226.77			Pollicization of a digit
26551			2545.15			Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft
26553			2088.39			Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single
26554			2978.66			Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
26555			1119.75			Transfer, finger to another position without microvascular anastomosis
26556			2472.70			Transfer, free toe joint, with microvascular anastomosis
26560			493.42			Repair of syndactyly (web finger) each web space; with skin flaps
26561			744.64			Repair of syndactyly (web finger) each web space; with skin flaps and grafts
26562			1034.51			Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)
26565			607.66			Osteotomy; metacarpal, each
26567			608.79			Osteotomy; phalanx of finger, each
26568			797.10			Osteoplasty, lengthening, metacarpal or phalanx
26580			1007.33			Repair cleft hand
26587			729.27			Reconstruction of polydactylous digit, soft tissue and bone
26590			1022.14			Repair macrodactylia, each digit
26591			420.38			Repair, intrinsic muscles of hand, each muscle
26593			533.94			Release, intrinsic muscles of hand, each muscle
26596			572.97			Excision of constricting ring of finger, with multiple Z-plasties
26600	180.93	149.14				Closed treatment of metacarpal fracture, single; without manipulation, each bone
26605	241.32	211.19				Closed treatment of metacarpal fracture, single; with manipulation, each bone
26607			376.11			Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
26608			375.67			Percutaneous skeletal fixation of metacarpal fracture, each bone
26615			342.94			Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone
26641	269.36	234.93				Closed treatment of carpometacarpal dislocation, thumb, with manipulation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26645	308.53	276.08				Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26650			401.57			Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation, with or without external fixation
26665			450.15			Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external fixation
26670	252.16	208.46				Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26675	327.41	293.97				Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
26676			395.35			Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26685			421.66			Open treatment of carpometacarpal dislocation, other than thumb; with or without internal or external fixation, each joint
26686			476.80			Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple or delayed reduction
26700	234.71	204.91				Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705	307.83	273.40				Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26706			328.71			Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715			362.38			Open treatment of metacarpophalangeal dislocation, single, with or without internal or external fixation
26720	143.78	119.61				Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26725	262.48	220.43				Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26727			370.51			Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735			371.26			Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each
26740	164.70	150.47				Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
26742	285.03	248.28				Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26746			365.98			Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with or without internal or external fixation, each
26750	134.51	118.95				Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26755	242.05	195.03				Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26756			327.41			Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765			275.83			Open treatment of distal phalangeal fracture, finger or thumb, with or without internal or external fixation, each
26770	203.69	169.92				Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26775	287.20	241.18				Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia
26776			349.40			Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785			282.02			Open treatment of interphalangeal joint dislocation, with or without internal or external fixation, single
26820			697.92			Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
26841			663.23			Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842			701.79			Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26843			646.74			Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844			715.27			Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
26850			622.01			Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852			689.76			Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860			517.62			Arthrodesis, interphalangeal joint, with or without internal fixation;
26861			85.09			Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
26862			638.63			Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863			190.61			Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
26910			608.94			Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951			479.96			Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952			583.03			Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26989			I.C.			Unlisted procedure, hands or fingers
26990			473.86			Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
26991	580.32	390.28				Incision and drainage, pelvis or hip joint area; infected bursa
26992			753.56			Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27000			353.01			Tenotomy, adductor of hip, percutaneous (separate procedure)
27001			422.25			Tenotomy, adductor of hip, open
27003			443.57			Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005			565.72			Tenotomy, hip flexor(s), open (separate procedure)
27006			570.90			Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025			633.89			Fasciotomy, hip or thigh, any type
27030			731.03			Arthrotomy, hip, with drainage (eg, infection)
27033			752.18			Arthrotomy, hip, including exploration or removal of loose or foreign body
27035			882.98			Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27036			739.34			Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)
27040	259.46	152.52				Biopsy, soft tissue of pelvis and hip area; superficial
27041			524.74			Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
27047	465.46	387.66				Excision, tumor, pelvis and hip area; subcutaneous tissue
27048			352.91			Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular
27049			703.18			Radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant neoplasm)
27050			280.75			Arthrotomy, with biopsy; sacroiliac joint
27052			392.03			Arthrotomy, with biopsy; hip joint
27054			513.16			Arthrotomy with synovectomy, hip joint
27060			313.24			Excision; ischial bursa

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27062			341.97			Excision; trochanteric bursa or calcification
27065			366.74			Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft
27066			606.11			Excision of bone cyst or benign tumor; deep, with or without autograft
27067			778.12			Excision of bone cyst or benign tumor; with autograft requiring separate incision
27070			638.98			Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)
27071			696.32			Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075			1733.25			Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis
27076			1177.21			Radical resection of tumor or infection; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077			1997.27			Radical resection of tumor or infection; innominate bone, total
27078			751.99			Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur
27079			741.07			Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur, with skin flaps
27080			358.01			Coccygectomy, primary
27086	208.43	118.05				Removal of foreign body, pelvis or hip; subcutaneous tissue
27087			487.96			Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27090			643.80			Removal of hip prosthesis; (separate procedure)
27091			1163.69			Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27093	186.96	54.86				Injection procedure for hip arthrography; without anesthesia
27095	234.78	61.95				Injection procedure for hip arthrography; with anesthesia
27096	184.97	51.54				Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid
27097			491.82			Release or recession, hamstring, proximal
27098			498.96			Transfer, adductor to ischium
27100			635.87			Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105			668.65			Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110			718.62			Transfer iliopsoas; to greater trochanter of femur
27111			683.12			Transfer iliopsoas; to femoral neck

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27120			960.62			Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122			839.85			Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125			816.33			Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130			1077.21			Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132			1254.97			Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134			1491.13			Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137			1130.99			Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138			1177.76			Revision of total hip arthroplasty; femoral component only, with or without allograft
27140			698.70			Osteotomy and transfer of greater trochanter of femur (separate procedure)
27146			951.78			Osteotomy, iliac, acetabular or innominate bone;
27147			1089.88			Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
27151			974.88			Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156			1309.62			Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
27158			981.58			Osteotomy, pelvis, bilateral (eg, congenital malformation)
27161			930.37			Osteotomy, femoral neck (separate procedure)
27165			994.05			Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170			883.17			Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
27175			488.54			Treatment of slipped femoral epiphysis; by traction, without reduction
27176			682.65			Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
27177			837.66			Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27178			657.98			Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
27179			741.56			Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
27181			780.42			Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
27185			557.49			Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27187			770.70			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
27193			344.27			Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation
27194			558.24			Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia
27200	131.13	128.81				Closed treatment of coccygeal fracture
27202			778.56			Open treatment of coccygeal fracture
27215			557.36			Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s) (eg, pelvic fracture(s) which do not disrupt the pelvic ring), with internal fixation
27216			798.12			Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum)
27217			781.45			Open treatment of anterior ring fracture and/or dislocation with internal fixation (includes pubic symphysis and/or rami)
27218			1014.36			Open treatment of posterior ring fracture and/or dislocation with internal fixation (includes ilium, sacroiliac joint and/or sacrum)
27220	385.12	382.14				Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27222			731.79			Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
27226			727.73			Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
27227			1251.13			Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation
27228			1441.51			Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation
27230	356.62	342.71				Closed treatment of femoral fracture, proximal end, neck; without manipulation
27232			575.12			Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction
27235			697.80			Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27236			859.62			Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27238			343.25			Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; without manipulation
27240			709.01			Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction
27244			878.67			Treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
27245			1097.49			Treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage
27246	296.48	295.16				Closed treatment of greater trochanteric fracture, without manipulation
27248			602.28			Open treatment of greater trochanteric fracture, with or without internal or external fixation
27250			359.64			Closed treatment of hip dislocation, traumatic; without anesthesia
27252			571.43			Closed treatment of hip dislocation, traumatic; requiring anesthesia
27253			732.72			Open treatment of hip dislocation, traumatic, without internal fixation
27254			975.53			Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
27256	241.15	193.48				Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
27257			253.31			Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
27258			847.37			Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);
27259			1149.39			Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening
27265			312.80			Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266			446.90			Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27275			141.55			Manipulation, hip joint, requiring general anesthesia
27280			768.14			Arthrodesis, sacroiliac joint (including obtaining graft)
27282			621.12			Arthrodesis, symphysis pubis (including obtaining graft)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27284			1227.03			Arthrodesis, hip joint (including obtaining graft);
27286			1243.53			Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
27290			1188.43			Interpelviabdominal amputation (hindquarter amputation)
27295			957.90			Disarticulation of hip
27299			I.C.			Unlisted procedure, pelvis or hip joint
27301	537.40	373.51				Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27303			493.14			Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27305			358.69			Fasciotomy, iliotibial (tenotomy), open
27306			303.49			Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
27307			362.65			Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27310			544.49			Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27315			381.65			Neurectomy, hamstring muscle
27320			372.00			Neurectomy, popliteal (gastrocnemius)
27323	185.15	131.18				Biopsy, soft tissue of thigh or knee area; superficial
27324			291.14			Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27327	337.00	261.52				Excision, tumor, thigh or knee area; subcutaneous
27328			318.02			Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular
27329			739.15			Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area
27330			308.45			Arthrotomy, knee; with synovial biopsy only
27331			369.06			Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332			497.50			Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333			451.89			Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334			520.81			Arthrotomy, with synovectomy, knee; anterior OR posterior
27335			588.84			Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27340			283.08			Excision, prepatellar bursa
27345			373.03			Excision of synovial cyst of popliteal space (eg, Baker's cyst)
27347			362.08			Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
27350			498.25			Patellectomy or hemipatellectomy
27355			466.25			Excision or curettage of bone cyst or benign tumor of femur;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27356			560.15			Excision or curettage of bone cyst or benign tumor of femur; with allograft
27357			624.19			Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27358			233.31			Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
27360			648.81			Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27365			900.85			Radical resection of tumor, bone, femur or knee
27370	151.91	39.01				Injection procedure for knee arthrography
27372	492.87	314.75				Removal of foreign body, deep, thigh region or knee area
27380			467.75			Suture of infrapatellar tendon; primary
27381			628.24			Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385			498.67			Suture of quadriceps or hamstring muscle rupture; primary
27386			649.59			Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27390			337.66			Tenotomy, open, hamstring, knee to hip; single tendon
27391			444.80			Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg
27392			541.98			Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393			395.26			Lengthening of hamstring tendon; single tendon
27394			508.08			Lengthening of hamstring tendon; multiple tendons, one leg
27395			680.01			Lengthening of hamstring tendon; multiple tendons, bilateral
27396			480.14			Transplant, hamstring tendon to patella; single tendon
27397			653.33			Transplant, hamstring tendon to patella; multiple tendons
27400			519.91			Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
27403			501.37			Arthrotomy with meniscus repair, knee
27405			522.08			Repair, primary, torn ligament and/or capsule, knee; collateral
27407			600.53			Repair, primary, torn ligament and/or capsule, knee; cruciate
27409			737.79			Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27412			1232.99			Autologous chondrocyte implantation, knee
27415			1027.06			Osteochondral allograft, knee, open
27418			638.11			Anterior tibial tubercleplasty (eg, Maquet type procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27420			579.81			Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422			578.53			Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424			578.37			Reconstruction of dislocating patella; with patellectomy
27425			348.07			Lateral retinacular release, open
27427			554.72			Ligamentous reconstruction (augmentation), knee; extra-articular
27428			815.04			Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429			902.53			Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27430			571.28			Quadricepsplasty (eg, Bennett or Thompson type)
27435			582.18			Capsulotomy, posterior capsular release, knee
27437			508.08			Arthroplasty, patella; without prosthesis
27438			637.97			Arthroplasty, patella; with prosthesis
27440			528.22			Arthroplasty, knee, tibial plateau;
27441			564.44			Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442			671.99			Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443			634.82			Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445			968.68			Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446			875.57			Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447			1164.46			Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27448			635.02			Osteotomy, femur, shaft or supracondylar; without fixation
27450			792.63			Osteotomy, femur, shaft or supracondylar; with fixation
27454			971.22			Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)
27455			733.26			Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure
27457			754.29			Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); after epiphyseal closure
27465			778.78			Osteoplasty, femur; shortening (excluding 64876)
27466			907.03			Osteoplasty, femur; lengthening

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27468			1009.38			Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer
27470			898.94			Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
27472			980.49			Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)
27475			509.17			Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
27477			568.23			Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
27479			736.85			Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
27485			524.81			Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27486			1056.79			Revision of total knee arthroplasty, with or without allograft; one component
27487			1347.62			Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488			885.69			Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27495			870.15			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femur
27496			377.41			Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);
27497			404.76			Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
27498			446.74			Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499			508.70			Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
27500	390.03	352.29				Closed treatment of femoral shaft fracture, without manipulation
27501	379.33	365.76				Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27502			601.90			Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27503			609.20			Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
27506			975.42			Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27507			768.41			Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27508	397.67	365.23				Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27509			507.76			Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation
27510			530.54			Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27511			802.61			Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, with or without internal or external fixation
27513			1026.89			Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, with or without internal or external fixation
27514			989.46			Open treatment of femoral fracture, distal end, medial or lateral condyle, with or without internal or external fixation
27516	377.69	349.88				Closed treatment of distal femoral epiphyseal separation; without manipulation
27517			517.86			Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction
27519			857.83			Open treatment of distal femoral epiphyseal separation, with or without internal or external fixation
27520	240.49	204.07				Closed treatment of patellar fracture, without manipulation
27524			589.17			Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
27530	295.58	265.78				Closed treatment of tibial fracture, proximal (plateau); without manipulation
27532	474.73	444.60				Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27535			698.89			Open treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation
27536			879.99			Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation
27538	357.21	326.09				Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27540			729.44			Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without internal or external fixation
27550	376.13	340.04				Closed treatment of knee dislocation; without anesthesia

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27552			480.04			Closed treatment of knee dislocation; requiring anesthesia
27556			841.78			Open treatment of knee dislocation, with or without internal or external fixation; without primary ligamentous repair or augmentation/reconstruction
27557			966.48			Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair
27558			992.64			Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair, with augmentation/reconstruction
27560	275.19	220.23				Closed treatment of patellar dislocation; without anesthesia
27562			339.61			Closed treatment of patellar dislocation; requiring anesthesia
27566			695.66			Open treatment of patellar dislocation, with or without partial or total patellectomy
27570			113.91			Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27580			1103.16			Arthrodesis, knee, any technique
27590			593.53			Amputation, thigh, through femur, any level;
27591			683.39			Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27592			514.74			Amputation, thigh, through femur, any level; open, circular (guillotine)
27594			385.98			Amputation, thigh, through femur, any level; secondary closure or scar revision
27596			554.71			Amputation, thigh, through femur, any level; re-amputation
27598			561.51			Disarticulation at knee
27599			I.C.			Unlisted procedure, femur or knee
27600			325.99			Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601			334.96			Decompression fasciotomy, leg; posterior compartment(s) only
27602			398.37			Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
27603	401.94	291.36				Incision and drainage, leg or ankle; deep abscess or hematoma
27604	341.10	270.58				Incision and drainage, leg or ankle; infected bursa
27605	343.71	165.92				Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606			241.57			Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27607			455.03			Incision (eg, osteomyelitis or bone abscess), leg or ankle
27610			494.79			Arthrotomy, ankle, including exploration, drainage, or removal of foreign body

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27612			430.60			Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27613	171.93	124.58				Biopsy, soft tissue of leg or ankle area; superficial
27614	410.88	321.49				Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27615			700.63			Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area
27618	356.65	289.44				Excision, tumor, leg or ankle area; subcutaneous tissue
27619	576.53	458.33				Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)
27620			368.72			Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625			473.11			Arthrotomy, with synovectomy, ankle;
27626			509.74			Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	400.37	294.76				Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27635			468.64			Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27637			585.20			Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)
27638			608.92			Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
27640			699.21			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia
27641			565.46			Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); fibula
27645			846.35			Radical resection of tumor, bone; tibia
27646			762.64			Radical resection of tumor, bone; fibula
27647			630.70			Radical resection of tumor, bone; talus or calcaneus
27648	145.29	39.34				Injection procedure for ankle arthrography
27650			553.37			Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652			590.75			Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654			549.77			Repair, secondary, Achilles tendon, with or without graft
27656	424.99	267.06				Repair, fascial defect of leg
27658			306.83			Repair, flexor tendon, leg; primary, without graft, each tendon
27659			400.39			Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664			295.01			Repair, extensor tendon, leg; primary, without graft, each tendon
27665			334.29			Repair, extensor tendon, leg; secondary, with or without graft, each tendon

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27675			414.08			Repair, dislocating peroneal tendons; without fibular osteotomy
27676			488.06			Repair, dislocating peroneal tendons; with fibular osteotomy
27680			349.25			Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681			410.95			Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))
27685	443.73	383.14				Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686			449.92			Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687			371.64			Gastrocnemius recession (eg, Strayer procedure)
27690			481.96			Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691			570.26			Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
27692			89.82			Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)
27695			398.79			Repair, primary, disrupted ligament, ankle; collateral
27696			471.29			Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698			522.66			Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27700			475.19			Arthroplasty, ankle;
27702			778.94			Arthroplasty, ankle; with implant (total ankle)
27703			874.18			Arthroplasty, ankle; revision, total ankle
27704			425.23			Removal of ankle implant
27705			598.79			Osteotomy; tibia
27707			301.82			Osteotomy; fibula
27709			584.25			Osteotomy; tibia and fibula
27712			806.54			Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
27715			811.86			Osteoplasty, tibia and fibula, lengthening or shortening
27720			684.32			Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
27722			676.44			Repair of nonunion or malunion, tibia; with sliding graft
27724			985.23			Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)
27725			887.81			Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method
27727			785.74			Repair of congenital pseudarthrosis, tibia

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27730			456.97			Arrest, epiphyseal (epiphysiodesis), open; distal tibia
27732			328.06			Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27734			473.72			Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740			559.12			Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;
27742			509.93			Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur
27745			589.07			Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia
27750	258.71	228.58				Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27752	405.14	372.69				Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27756			428.50			Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
27758			673.48			Open treatment of tibial shaft fracture, (with or without fibular fracture) with plate/screws, with or without cerclage
27759			776.70			Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27760	249.50	213.42				Closed treatment of medial malleolus fracture; without manipulation
27762	374.60	339.50				Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27766			503.53			Open treatment of medial malleolus fracture, with or without internal or external fixation
27780	221.40	189.28				Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	320.52	292.05				Closed treatment of proximal fibula or shaft fracture; with manipulation
27784			439.33			Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation
27786	237.06	199.65				Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	327.10	293.99				Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27792			472.82			Open treatment of distal fibular fracture (lateral malleolus), with or without internal or external fixation
27808	248.04	211.62				Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation
27810	367.62	331.20				Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation
27814			621.14			Open treatment of bimalleolar ankle fracture, with or without internal or external fixation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27816	235.12	203.01				Closed treatment of trimalleolar ankle fracture; without manipulation
27818	382.18	342.12				Closed treatment of trimalleolar ankle fracture; with manipulation
27822			700.88			Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip
27823			791.11			Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; with fixation of posterior lip
27824	224.98	208.42				Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27825	413.41	373.02				Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation
27826			562.49			Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of fibula only
27827			867.58			Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of tibia only
27828			975.01			Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of both tibia and fibula
27829			398.39			Open treatment of distal tibiofibular joint (syndesmosis) disruption, with or without internal or external fixation
27830	262.60	244.72				Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831			290.53			Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27832			407.72			Open treatment of proximal tibiofibular joint dislocation, with or without internal or external fixation, or with excision of proximal fibula
27840			261.86			Closed treatment of ankle dislocation; without anesthesia
27842			364.19			Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
27846			572.51			Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
27848			675.98			Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
27860			139.52			Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
27870			787.36			Arthrodesis, ankle, open
27871			541.27			Arthrodesis, tibiofibular joint, proximal or distal
27880			604.00			Amputation, leg, through tibia and fibula;
27881			679.69			Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast
27882			491.75			Amputation, leg, through tibia and fibula; open, circular (guillotine)
27884			445.77			Amputation, leg, through tibia and fibula; secondary closure or scar revision
27886			505.74			Amputation, leg, through tibia and fibula; re-amputation
27888			550.69			Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves
27889			524.07			Ankle disarticulation
27892			415.04			Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
27893			409.63			Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
27894			585.23			Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
27899			I.C.			Unlisted procedure, leg or ankle
28001	182.09	147.99				Incision and drainage, bursa, foot
28002	307.05	266.66				Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003	464.96	431.53				Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28005			467.06			Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28008	286.87	242.18				Fasciotomy, foot and/or toe
28010			165.62			Tenotomy, percutaneous, toe; single tendon
28011			237.34			Tenotomy, percutaneous, toe; multiple tendons
28020	354.43	291.86				Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	315.61	270.92				Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024	307.34	264.30				Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
28030			308.03			Neurectomy, intrinsic musculature of foot

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28035	350.91	292.30				Release, tarsal tunnel (posterior tibial nerve decompression)
28043	234.67	213.48				Excision, tumor, foot; subcutaneous tissue
28045	323.18	264.25				Excision, tumor, foot; deep, subfascial, intramuscular
28046	603.24	527.10				Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot
28050	293.26	250.21				Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28052	283.75	234.75				Arthrotomy with biopsy; metatarsophalangeal joint
28054	262.30	212.97				Arthrotomy with biopsy; interphalangeal joint
28060	342.21	288.90				Fasciectomy, plantar fascia; partial (separate procedure)
28062	415.33	332.22				Fasciectomy, plantar fascia; radical (separate procedure)
28070	330.67	283.98				Synovectomy; intertarsal or tarsometatarsal joint, each
28072	325.39	284.67				Synovectomy; metatarsophalangeal joint, each
28080	279.05	231.70				Excision, interdigital (Morton) neuroma, single, each
28086	414.17	304.59				Synovectomy, tendon sheath, foot; flexor
28088	311.47	249.56				Synovectomy, tendon sheath, foot; extensor
28090	305.75	249.79				Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot
28092	284.80	228.52				Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each
28100	439.26	330.66				Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102			436.95			Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28103			353.33			Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	339.49	287.51				Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106			367.01			Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28107	387.02	309.88				Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28108	279.26	234.89				Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	298.12	231.91				Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	361.92	274.84				Ostectomy, complete excision; first metatarsal head
28112	330.59	256.43				Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	347.64	289.70				Ostectomy, complete excision; fifth metatarsal head

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28114	688.74	580.81				Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)
28116	463.19	409.22				Ostectomy, excision of tarsal coalition
28118	391.08	327.84				Ostectomy, calcaneus;
28119	344.99	288.37				Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	408.42	313.06				Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
28122	450.63	398.65				Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	312.10	267.73				Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
28126	247.14	206.74				Resection, partial or complete, phalangeal base, each toe
28130			475.68			Talectomy (astragalectomy)
28140	451.66	369.89				Metatarsectomy
28150	285.26	233.95				Phalangectomy, toe, each toe
28153	254.78	200.81				Resection, condyle(s), distal end of phalanx, each toe
28160	265.72	225.00				Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28171			475.85			Radical resection of tumor, bone; tarsal (except talus or calcaneus)
28173	520.81	441.35				Radical resection of tumor, bone; metatarsal
28175	373.23	306.69				Radical resection of tumor, bone; phalanx of toe
28190	171.85	108.28				Removal of foreign body, foot; subcutaneous
28192	323.83	262.91				Removal of foreign body, foot; deep
28193	361.05	305.10				Removal of foreign body, foot; complicated
28200	309.81	258.82				Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	449.17	358.78				Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	293.49	243.49				Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	400.23	327.39				Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
28220	293.06	251.68				Tenolysis, flexor, foot; single tendon
28222	344.85	307.77				Tenolysis, flexor, foot; multiple tendons
28225	253.56	207.87				Tenolysis, extensor, foot; single tendon
28226	297.26	262.50				Tenolysis, extensor, foot; multiple tendons
28230	284.57	251.47				Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
28232	253.57	213.51				Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28234	257.98	214.28				Tenotomy, open, extensor, foot or toe, each tendon
28238	478.20	401.39				Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28240	287.25	249.17				Tenotomy, lengthening, or release, abductor hallucis muscle
28250	369.00	319.33				Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
28260	455.91	411.55				Capsulotomy, midfoot; medial release only (separate procedure)
28261	645.64	602.26				Capsulotomy, midfoot; with tendon lengthening
28262	946.41	858.67				Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)
28264	577.56	562.66				Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	307.85	269.44				Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28272	254.13	210.10				Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	367.26	308.66				Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	301.47	253.79				Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	297.87	246.88				Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)
28288	342.73	307.63				Osteotomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	482.67	409.17				Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint
28290	382.64	331.66				Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)
28292	462.99	399.09				Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure
28293	635.36	481.41				Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant
28294	508.18	417.80				Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)
28296	551.45	460.74				Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)
28297	580.85	491.46				Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure
28298	482.81	409.31				Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28299	614.56	524.84				Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy
28300			532.20			Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
28302			524.82			Osteotomy; talus
28304	545.74	472.57				Osteotomy, tarsal bones, other than calcaneus or talus;
28305			542.23			Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)
28306	407.84	319.44				Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	561.27	370.90				Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	352.81	284.28				Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309			663.43			Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
28310	356.69	283.85				Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	320.46	260.53				Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	330.16	315.26				Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
28315	310.84	259.19				Sesamoidectomy, first toe (separate procedure)
28320			509.16			Repair, nonunion or malunion; tarsal bones
28322	564.05	469.70				Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28340	425.99	352.82				Reconstruction, toe, macrodactyly; soft tissue resection
28341	485.68	415.15				Reconstruction, toe, macrodactyly; requiring bone resection
28344	319.99	249.80				Reconstruction, toe(s); polydactyly
28345	387.42	337.09				Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
28360			768.77			Reconstruction, cleft foot
28400	188.26	169.05				Closed treatment of calcaneal fracture; without manipulation
28405	303.06	296.10				Closed treatment of calcaneal fracture; with manipulation
28406			425.05			Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28415			942.92			Open treatment of calcaneal fracture, with or without internal or external fixation;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28420			952.39			Open treatment of calcaneal fracture, with or without internal or external fixation; with primary iliac or other autogenous bone graft (includes obtaining graft)
28430	177.47	149.99				Closed treatment of talus fracture; without manipulation
28435	235.12	230.49				Closed treatment of talus fracture; with manipulation
28436			344.82			Percutaneous skeletal fixation of talus fracture, with manipulation
28445			856.60			Open treatment of talus fracture, with or without internal or external fixation
28450	162.26	141.07				Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455			209.11			Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28456			221.91			Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28465			428.34			Open treatment of tarsal bone fracture (except talus and calcaneus), with or without internal or external fixation, each
28470	165.54	143.02				Closed treatment of metatarsal fracture; without manipulation, each
28475	202.80	198.83				Closed treatment of metatarsal fracture; with manipulation, each
28476			270.77			Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485			357.44			Open treatment of metatarsal fracture, with or without internal or external fixation, each
28490	100.24	87.66				Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28495	120.47	116.83				Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28496	346.49	178.63				Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	386.77	247.38				Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation
28510			84.02			Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28515			107.43			Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28525	352.35	216.94				Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each
28530			80.21			Closed treatment of sesamoid fracture
28531	313.82	141.32				Open treatment of sesamoid fracture, with or without internal fixation
28540			142.19			Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28545			154.04			Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28546	329.83	245.74				Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28555	526.50	386.12				Open treatment of tarsal bone dislocation, with or without internal or external fixation
28570	131.64	128.66				Closed treatment of talotarsal joint dislocation; without anesthesia
28575			227.83			Closed treatment of talotarsal joint dislocation; requiring anesthesia
28576			269.22			Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28585	492.32	442.99				Open treatment of talotarsal joint dislocation, with or without internal or external fixation
28600	151.83	147.52				Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605			187.74			Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606			309.59			Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28615			511.18			Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation
28630	103.60	84.73				Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28635	126.00	109.45				Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28636	214.91	173.53				Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28645	293.74	238.12				Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation
28660	78.74	63.18				Closed treatment of interphalangeal joint dislocation; without anesthesia
28665			106.42			Closed treatment of interphalangeal joint dislocation; requiring anesthesia
28666	278.74	169.15				Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	328.11	202.30				Open treatment of interphalangeal joint dislocation, with or without internal or external fixation
28705			1002.39			Arthrodesis; pantalar
28715			734.92			Arthrodesis; triple
28725			636.56			Arthrodesis; subtalar
28730			617.35			Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735			597.54			Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737			525.79			Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
28740	610.01	464.01				Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	622.79	448.64				Arthrodesis, great toe; metatarsophalangeal joint
28755	348.36	270.22				Arthrodesis, great toe; interphalangeal joint
28760	502.70	421.26				Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)
28800			445.52			Amputation, foot; midtarsal (eg, Chopart type procedure)
28805			446.22			Amputation, foot; transmetatarsal
28810			339.53			Amputation, metatarsal, with toe, single
28820	386.32	261.17				Amputation, toe; metatarsophalangeal joint
28825	342.57	226.03				Amputation, toe; interphalangeal joint
28890	290.41	169.90				Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
28899			I.C.			Unlisted procedure, foot or toes
29000	169.91	129.19				Application of halo type body cast (see 20661-20663 for insertion)
29010	176.14	126.14				Application of Risser jacket, localizer, body; only
29015	171.77	126.08				Application of Risser jacket, localizer, body; including head
29020	170.40	111.47				Application of turnbuckle jacket, body; only
29025	180.71	138.00				Application of turnbuckle jacket, body; including head
29035	175.21	107.67				Application of body cast, shoulder to hips;
29040	151.41	119.62				Application of body cast, shoulder to hips; including head, Minerva type
29044	198.40	129.87				Application of body cast, shoulder to hips; including one thigh
29046	183.51	145.77				Application of body cast, shoulder to hips; including both thighs
29049	70.63	45.14				Application, cast; figure-of-eight
29055	155.08	104.75				Application, cast; shoulder spica
29058	91.79	63.97				Application, cast; plaster Velpeau
29065	71.52	52.32				Application, cast; shoulder to hand (long arm)
29075	65.98	46.78				Application, cast; elbow to finger (short arm)
29085	69.64	48.12				Application, cast; hand and lower forearm (gauntlet)
29086	50.55	34.98				Application, cast; finger (eg, contracture)
29105	67.54	43.70				Application of long arm splint (shoulder to hand)
29125	51.70	30.84				Application of short arm splint (forearm to hand); static
29126	62.98	38.15				Application of short arm splint (forearm to hand); dynamic
29130	30.77	20.84				Application of finger splint; static
29131	40.42	23.87				Application of finger splint; dynamic
29200	42.76	30.18				Strapping; thorax
29220	42.48	31.56				Strapping; low back
29240	49.18	32.95				Strapping; shoulder (eg, Velpeau)
29260	40.87	26.97				Strapping; elbow or wrist

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29280	41.30	25.41				Strapping; hand or finger
29305	175.05	122.74				Application of hip spica cast; one leg
29325	190.50	138.19				Application of hip spica cast; one and one-half spica or both legs
29345	102.80	79.30				Application of long leg cast (thigh to toes);
29355	104.87	85.34				Application of long leg cast (thigh to toes); walker or ambulatory type
29358	113.79	81.35				Application of long leg cast brace
29365	92.16	68.66				Application of cylinder cast (thigh to ankle)
29405	67.38	50.49				Application of short leg cast (below knee to toes);
29425	72.09	55.87				Application of short leg cast (below knee to toes); walking or ambulatory type
29435	88.85	67.99				Application of patellar tendon bearing (PTB) cast
29440	40.44	26.54				Adding walker to previously applied cast
29445	115.34	87.20				Application of rigid total contact leg cast
29450	112.40	99.82				Application of clubfoot cast with molding or manipulation, long or short leg
29505	59.99	35.83				Application of long leg splint (thigh to ankle or toes)
29515	51.06	37.49				Application of short leg splint (calf to foot)
29520	43.79	31.21				Strapping; hip
29530	43.08	27.85				Strapping; knee
29540	29.39	25.75				Strapping; ankle and/or foot
29550	28.28	23.65				Strapping; toes
29580	38.90	28.96				Strapping; Unna boot
29590	39.98	32.69				Denis-Browne splint strapping
29700	47.07	26.87				Removal or bivalving; gauntlet, boot or body cast
29705	51.14	36.57				Removal or bivalving; full arm or full leg cast
29710	92.30	64.82				Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.
29715	66.82	41.33				Removal or bivalving; turnbuckle jacket
29720	59.95	34.46				Repair of spica, body cast or jacket
29730	50.30	35.08				Windowing of cast
29740	73.17	51.32				Wedging of cast (except clubfoot casts)
29750	74.74	58.85				Wedging of clubfoot cast
29799			I.C.			Unlisted procedure, casting or strapping
29800			431.64			Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804			509.32			Arthroscopy, temporomandibular joint, surgical
29805			374.30			Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806			824.22			Arthroscopy, shoulder, surgical; capsulorrhaphy
29807			803.76			Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819			466.08			Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820			429.72			Arthroscopy, shoulder, surgical; synovectomy, partial
29821			469.41			Arthroscopy, shoulder, surgical; synovectomy, complete

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29822			456.60			Arthroscopy, shoulder, surgical; debridement, limited
29823			497.59			Arthroscopy, shoulder, surgical; debridement, extensive
29824			510.29			Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825			465.09			Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826			533.73			Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release
29827			867.73			Arthroscopy, shoulder, surgical; with rotator cuff repair
29830			359.10			Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834			391.76			Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835			400.08			Arthroscopy, elbow, surgical; synovectomy, partial
29836			461.90			Arthroscopy, elbow, surgical; synovectomy, complete
29837			420.52			Arthroscopy, elbow, surgical; debridement, limited
29838			471.44			Arthroscopy, elbow, surgical; debridement, extensive
29840			348.97			Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843			373.73			Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844			393.03			Arthroscopy, wrist, surgical; synovectomy, partial
29845			445.32			Arthroscopy, wrist, surgical; synovectomy, complete
29846			411.85			Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847			425.86			Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848			355.92			Endoscopy, wrist, surgical, with release of transverse carpal ligament
29850			422.05			Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)
29851			740.28			Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
29855			626.20			Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)
29856			799.38			Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy)
29860			484.20			Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29861			532.77			Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862			594.63			Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863			588.49			Arthroscopy, hip, surgical; with synovectomy
29866			815.24			Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft)
29867			972.74			Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29868			1309.19			Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
29870			321.60			Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871			401.91			Arthroscopy, knee, surgical; for infection, lavage and drainage
29873			407.60			Arthroscopy, knee, surgical; with lateral release
29874			421.73			Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875			393.48			Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876			483.13			Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)
29877			456.04			Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879			490.22			Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880			512.72			Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)
29881			476.04			Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)
29882			513.58			Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883			649.85			Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884			453.94			Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885			551.74			Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886			465.40			Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887			548.80			Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
29888			777.61			Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889			918.30			Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891			513.12			Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892			537.82			Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29893	367.18	291.03				Endoscopic plantar fasciotomy
29894			407.20			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895			400.20			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897			420.39			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898			464.73			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899			788.92			Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
29900			365.77			Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901			401.39			Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902			427.81			Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)
29999			I.C.			Unlisted procedure, arthroscopy
30000	177.43	88.36				Drainage abscess or hematoma, nasal, internal approach
30020	150.94	91.01				Drainage abscess or hematoma, nasal septum
30100	93.19	54.78				Biopsy, intranasal
30110	155.94	100.32				Excision, nasal polyp(s), simple
30115			320.91			Excision, nasal polyp(s), extensive
30117	529.82	247.08				Excision or destruction (eg, laser), intranasal lesion; internal approach
30118			591.17			Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)
30120	373.05	356.83				Excision or surgical planing of skin of nose for rhinophyma
30124			211.42			Excision dermoid cyst, nose; simple, skin, subcutaneous
30125			488.52			Excision dermoid cyst, nose; complex, under bone or cartilage
30130			286.14			Excision inferior turbinate, partial or complete, any method

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
30140			308.29			Submucous resection inferior turbinate, partial or complete, any method
30150			639.54			Rhinectomy; partial
30160			624.13			Rhinectomy; total
30200	76.61	47.47				Injection into turbinate(s), therapeutic
30210	101.82	75.34				Displacement therapy (Proetz type)
30220	185.77	96.05				Insertion, nasal septal prosthesis (button)
30300	184.26	94.20				Removal foreign body, intranasal; office type procedure
30310			160.91			Removal foreign body, intranasal; requiring general anesthesia
30320			367.55			Removal foreign body, intranasal; by lateral rhinotomy
30400			809.80			Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410			1001.07			Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420			1067.16			Rhinoplasty, primary; including major septal repair
30430			748.64			Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435			994.15			Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450			1287.00			Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460			629.09			Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462			1270.66			Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465			743.29			Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30520			389.26			Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540			537.56			Repair choanal atresia; intranasal
30545			748.10			Repair choanal atresia; transpalatine
30560	195.44	108.03				Lysis intranasal synechia
30580	463.10	397.55				Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	431.99	348.88				Repair fistula; oronasal
30620			471.39			Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630			474.71			Repair nasal septal perforations
30801	169.31	96.14				Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; superficial
30802	212.84	138.35				Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; intramural

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
30901	81.05	46.61				Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30903	135.67	62.17				Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30905	174.98	83.60				Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30906	201.55	112.15				Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent
30915			434.54			Ligation arteries; ethmoidal
30920			588.22			Ligation arteries; internal maxillary artery, transantral
30930			91.27			Fracture nasal inferior turbinate(s), therapeutic
30999			I.C.			Unlisted procedure, nose
31000	128.27	80.26				Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31002			163.93			Lavage by cannulation; sphenoid sinus
31020	371.10	260.19				Sinusotomy, maxillary (antrotomy); intranasal
31030	559.07	398.50				Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31032			435.17			Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31040			606.56			Pterygomaxillary fossa surgery, any approach
31050			368.02			Sinusotomy, sphenoid, with or without biopsy;
31051			484.26			Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)
31070			323.92			Sinusotomy frontal; external, simple (trephine operation)
31075			593.68			Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)
31080			792.98			Sinusotomy frontal; oblitative without osteoplastic flap, brow incision (includes ablation)
31081			872.98			Sinusotomy frontal; oblitative, without osteoplastic flap, coronal incision (includes ablation)
31084			849.04			Sinusotomy frontal; oblitative, with osteoplastic flap, brow incision
31085			895.29			Sinusotomy frontal; oblitative, with osteoplastic flap, coronal incision
31086			821.05			Sinusotomy frontal; nonoblitative, with osteoplastic flap, brow incision
31087			811.16			Sinusotomy frontal; nonoblitative, with osteoplastic flap, coronal incision
31090			701.90			Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
31200			449.97			Ethmoidectomy; intranasal, anterior
31201			554.80			Ethmoidectomy; intranasal, total
31205			692.75			Ethmoidectomy; extranasal, total
31225			1159.71			Maxillectomy; without orbital exenteration
31230			1290.21			Maxillectomy; with orbital exenteration (en bloc)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31231	144.76	61.66				Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31233	207.63	113.94				Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235	241.93	135.98				Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31237	261.41	151.49				Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31238	270.27	165.98				Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31239			520.40			Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31240			135.36			Nasal/sinus endoscopy, surgical; with concha bullosa resection
31254			233.45			Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
31255			345.50			Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)
31256			168.82			Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31267			272.72			Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31276			435.60			Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus
31287			198.61			Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288			230.40			Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31290			908.57			Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31291			955.43			Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region
31292			788.14			Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
31293			855.41			Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression
31294			989.43			Nasal/sinus endoscopy, surgical; with optic nerve decompression
31299			I.C.			Unlisted procedure, accessory sinuses
31300			919.23			Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
31320			497.91			Laryngotomy (thyrotomy, laryngofissure); diagnostic
31360			1058.96			Laryngectomy; total, without radical neck dissection
31365			1389.09			Laryngectomy; total, with radical neck dissection
31367			1371.98			Laryngectomy; subtotal supraglottic, without radical neck dissection

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31368			1645.67			Laryngectomy; subtotal supraglottic, with radical neck dissection
31370			1370.03			Partial laryngectomy (hemilaryngectomy); horizontal
31375			1272.87			Partial laryngectomy (hemilaryngectomy); laterovertical
31380			1281.72			Partial laryngectomy (hemilaryngectomy); anterovertical
31382			1323.09			Partial laryngectomy (hemilaryngectomy); antero-latero-vertical
31390			1621.79			Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395			1855.96			Pharyngolaryngectomy, with radical neck dissection; with reconstruction
31400			761.18			Arytenoidectomy or arytenoidopexy, external approach
31420			618.30			Epiglottidectomy
31500			86.63			Intubation, endotracheal, emergency procedure
31502	29.41	28.42				Tracheotomy tube change prior to establishment of fistula tract
31505	66.04	38.23				Laryngoscopy, indirect; diagnostic (separate procedure)
31510	166.42	98.21				Laryngoscopy, indirect; with biopsy
31511	167.79	99.25				Laryngoscopy, indirect; with removal of foreign body
31512	167.71	106.46				Laryngoscopy, indirect; with removal of lesion
31513			110.38			Laryngoscopy, indirect; with vocal cord injection
31515	170.59	88.15				Laryngoscopy direct, with or without tracheoscopy; for aspiration
31520			127.12			Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn
31525	198.48	132.60				Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31526			132.92			Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
31527			158.75			Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator
31528			118.32			Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529			135.86			Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
31530			165.12			Laryngoscopy, direct, operative, with foreign body removal;
31531			181.26			Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope
31535			159.67			Laryngoscopy, direct, operative, with biopsy;
31536			179.77			Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31540			206.07			Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31541			226.01			Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
31545			298.21			Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)
31546			452.18			Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)
31560			265.39			Laryngoscopy, direct, operative, with arytenoidectomy;
31561			289.00			Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope
31570	302.37	193.12				Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571			212.39			Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
31575	95.76	61.99				Laryngoscopy, flexible fiberoptic; diagnostic
31576	179.27	100.48				Laryngoscopy, flexible fiberoptic; with biopsy
31577	198.02	123.86				Laryngoscopy, flexible fiberoptic; with removal of foreign body
31578	225.94	134.23				Laryngoscopy, flexible fiberoptic; with removal of lesion
31579	192.19	115.71				Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
31580			893.57			Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal
31582			1494.44			Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy
31584			1184.69			Laryngoplasty; with open reduction of fracture
31587			661.25			Laryngoplasty, cricoid split
31588			838.68			Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)
31590			727.66			Laryngeal reinnervation by neuromuscular pedicle
31595			596.52			Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral
31599			I.C.			Unlisted procedure, larynx
31600			322.70			Tracheostomy, planned (separate procedure);
31601			211.88			Tracheostomy, planned (separate procedure); under two years
31603			181.28			Tracheostomy, emergency procedure; transtracheal
31605			147.36			Tracheostomy, emergency procedure; cricothyroid membrane
31610			534.49			Tracheostomy, fenestration procedure with skin flaps
31611			400.84			Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31612	63.45	38.62				Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
31613			335.40			Tracheostoma revision; simple, without flap rotation
31614			499.53			Tracheostoma revision; complex, with flap rotation
31615	147.62	101.27				Tracheobronchoscopy through established tracheostomy incision
31620	228.68	59.50				Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure(s))
31622	268.85	116.22				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)
31623	296.00	117.54				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings
31624	274.48	117.54				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage
31625	290.23	137.27				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial or endobronchial biopsy(s), single or multiple sites
31628	342.49	152.45				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), single lobe
31629	590.12	163.36				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
31630			169.77			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with tracheal/bronchial dilation or closed reduction of fracture
31631			187.13			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)
31632	59.41	42.86				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31633	70.65	53.43				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
31635	310.11	154.50				Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with removal of foreign body
31636			184.79			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31637			65.27			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; each additional major bronchus stented (List separately in addition to code for primary procedure)
31638			205.81			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)
31640			215.89			Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with excision of tumor
31641			209.63			Bronchoscopy, (rigid or flexible); with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
31643			141.99			Bronchoscopy, (rigid or flexible); with placement of catheter(s) for intracavitary radioelement application
31645	261.72	128.30				Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)
31646	239.80	111.67				Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, subsequent
31656	305.56	91.02				Bronchoscopy, (rigid or flexible); with injection of contrast material for segmental bronchography (fiberscope only)
31700	110.47	61.47				Catheterization, transglottic (separate procedure)
31708	108.21	55.90				Instillation of contrast material for laryngography or bronchography, without catheterization
31710			52.31			Catheterization for bronchography, with or without instillation of contrast material
31715			43.61			Transtracheal injection for bronchography
31717	335.73	88.08				Catheterization with bronchial brush biopsy
31720			41.89			Catheter aspiration (separate procedure); nasotracheal
31725	79.01	76.69				Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside
31730	156.58	116.85				Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy
31750			966.74			Tracheoplasty; cervical
31755			1284.24			Tracheoplasty; tracheopharyngeal fistulization, each stage
31760			1040.42			Tracheoplasty; intrathoracic
31766			1397.01			Carinal reconstruction
31770			1026.83			Bronchoplasty; graft repair
31775			1110.47			Bronchoplasty; excision stenosis and anastomosis
31780			894.38			Excision tracheal stenosis and anastomosis; cervical
31781			1104.19			Excision tracheal stenosis and anastomosis; cervicothoracic
31785			850.64			Excision of tracheal tumor or carcinoma; cervical
31786			1172.32			Excision of tracheal tumor or carcinoma; thoracic
31800			530.38			Suture of tracheal wound or injury; cervical

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
31805			643.71			Suture of tracheal wound or injury; intrathoracic
31820	320.81	253.93				Surgical closure tracheostomy or fistula; without plastic repair
31825	454.72	378.90				Surgical closure tracheostomy or fistula; with plastic repair
31830	325.74	266.47				Revision of tracheostomy scar
31899			I.C.			Unlisted procedure, trachea, bronchi
32000	145.81	60.39				Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
32002	170.03	98.51				Thoracentesis with insertion of tube with or without water seal (eg, for pneumothorax) (separate procedure)
32005	280.10	89.06				Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)
32019	787.88	179.68				Insertion of indwelling tunneled pleural catheter with cuff
32020			164.42			Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)
32035			462.73			Thoracostomy; with rib resection for empyema
32036			513.75			Thoracostomy; with open flap drainage for empyema
32095			437.02			Thoracotomy, limited, for biopsy of lung or pleura
32100			731.61			Thoracotomy, major; with exploration and biopsy
32110			1065.16			Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear
32120			590.72			Thoracotomy, major; for postoperative complications
32124			633.91			Thoracotomy, major; with open intrapleural pneumonolysis
32140			684.59			Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure
32141			683.13			Thoracotomy, major; with excision-plectomy of bullae, with or without any pleural procedure
32150			688.94			Thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit
32151			704.52			Thoracotomy, major; with removal of intrapulmonary foreign body
32160			461.79			Thoracotomy, major; with cardiac massage
32200			756.91			Pneumonostomy; with open drainage of abscess or cyst
32201	803.35	159.07				Pneumonostomy; with percutaneous drainage of abscess or cyst
32215			580.39			Pleural scarification for repeat pneumothorax
32220			1174.28			Decortication, pulmonary (separate procedure); total
32225			686.67			Decortication, pulmonary (separate procedure); partial
32310			662.08			Pleurectomy, parietal (separate procedure)
32320			1146.68			Decortication and parietal pleurectomy
32400	121.57	69.26				Biopsy, pleura; percutaneous needle
32402			402.86			Biopsy, pleura; open
32405	78.17	76.84				Biopsy, lung or mediastinum, percutaneous needle
32420			85.66			Pneumocentesis, puncture of lung for aspiration
32440			1202.72			Removal of lung, total pneumonectomy;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
32442			1302.60			Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
32445			1244.62			Removal of lung, total pneumonectomy; extrapleural
32480			1135.99			Removal of lung, other than total pneumonectomy; single lobe (lobectomy)
32482			1202.93			Removal of lung, other than total pneumonectomy; two lobes (bilobectomy)
32484			1018.59			Removal of lung, other than total pneumonectomy; single segment (segmentectomy)
32486			1180.55			Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)
32488			1254.56			Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)
32491			1074.38			Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure
32500			1092.29			Removal of lung, other than total pneumonectomy; wedge resection, single or multiple
32501			195.33			Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)
32503			1430.12			Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)
32504			1632.22			Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction
32540			771.64			Extrapleural enucleation of empyema (empyemectomy)
32601			247.20			Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy
32602			268.26			Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy
32603			342.50			Thoracoscopy, diagnostic (separate procedure); pericardial sac, without biopsy
32604			385.77			Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy
32605			310.65			Thoracoscopy, diagnostic (separate procedure); mediastinal space, without biopsy
32606			370.58			Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
32650			557.43			Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)
32651			639.17			Thoracoscopy, surgical; with partial pulmonary decortication
32652			914.29			Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis
32653			629.90			Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit
32654			630.91			Thoracoscopy, surgical; with control of traumatic hemorrhage
32655			645.44			Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure
32656			663.35			Thoracoscopy, surgical; with parietal pleurectomy
32657			677.50			Thoracoscopy, surgical; with wedge resection of lung, single or multiple
32658			603.84			Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac
32659			604.47			Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage
32660			843.99			Thoracoscopy, surgical; with total pericardiectomy
32661			668.48			Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass
32662			796.98			Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass
32663			929.55			Thoracoscopy, surgical; with lobectomy, total or segmental
32664			698.49			Thoracoscopy, surgical; with thoracic sympathectomy
32665			748.40			Thoracoscopy, surgical; with esophagomyotomy (Heller type)
32800			669.45			Repair lung hernia through chest wall
32810			654.22			Closure of chest wall following open flap drainage for empyema (Clagett type procedure)
32815			1078.61			Open closure of major bronchial fistula
32820			1055.22			Major reconstruction, chest wall (posttraumatic)
32850			I.C.			Donor pneumonectomy(s) (including cold preservation), from cadaver donor
32851			2112.60			Lung transplant, single; without cardiopulmonary bypass
32852			2393.12			Lung transplant, single; with cardiopulmonary bypass
32853			2536.02			Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854			2726.01			Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
32855			I.C.			Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral
32856			I.C.			Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral
32900			955.04			Resection of ribs, extrapleural, all stages
32905			981.55			Thoracoplasty, Schede type or extrapleural (all stages);
32906			1230.49			Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula
32940			917.05			Pneumonolysis, extraperiosteal, including filling or packing procedures
32960	112.22	73.15				Pneumothorax, therapeutic, intrapleural injection of air
32997			242.00			Total lung lavage (unilateral)
32999			I.C.			Unlisted procedure, lungs and pleura
33010			91.08			Pericardiocentesis; initial
33011			92.30			Pericardiocentesis; subsequent
33015			367.08			Tube pericardiostomy
33020			614.38			Pericardiotomy for removal of clot or foreign body (primary procedure)
33025			585.95			Creation of pericardial window or partial resection for drainage
33030			897.62			Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
33031			1006.63			Pericardiectomy, subtotal or complete; with cardiopulmonary bypass
33050			705.85			Excision of pericardial cyst or tumor
33120			1147.04			Excision of intracardiac tumor, resection with cardiopulmonary bypass
33130			995.28			Resection of external cardiac tumor
33140			978.86			Transmyocardial laser revascularization, by thoracotomy; (separate procedure)
33141			201.71			Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)
33200			610.75			Insertion of permanent pacemaker with epicardial electrode(s); by thoracotomy
33201			530.74			Insertion of permanent pacemaker with epicardial electrode(s); by xiphoid approach
33206			344.34			Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207			390.52			Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33208			395.98			Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33210			136.93			Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
33211			142.09			Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
33212			274.01			Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular
33213			309.95			Insertion or replacement of pacemaker pulse generator only; dual chamber
33214			389.87			Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)
33215			245.63			Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode
33216			307.46			Insertion of a transvenous electrode; single chamber (one electrode) permanent pacemaker or single chamber pacing cardioverter-defibrillator
33217			308.30			Insertion of a transvenous electrode; dual chamber (two electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator
33218			301.57			Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator
33220			302.79			Repair of two transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator
33222			289.05			Revision or relocation of skin pocket for pacemaker
33223			341.25			Revision of skin pocket for single or dual chamber pacing cardioverter-defibrillator
33224			395.55			Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion and/or replacement of generator)
33225			349.02			Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system) (List separately in addition to code for primary procedure)
33226			380.73			Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of generator)
33233			204.76			Removal of permanent pacemaker pulse generator

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33234			392.02			Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
33235			502.88			Removal of transvenous pacemaker electrode(s); dual lead system
33236			633.16			Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
33237			673.51			Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
33238			738.93			Removal of permanent transvenous electrode(s) by thoracotomy
33240			371.63			Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator
33241			192.21			Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator
33243			1054.25			Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy
33244			698.53			Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction
33245			703.26			Insertion of epicardial single or dual chamber pacing cardioverter-defibrillator electrodes by thoracotomy;
33246			973.76			Insertion of epicardial single or dual chamber pacing cardioverter-defibrillator electrodes by thoracotomy; with insertion of pulse generator
33249			688.76			Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator
33250			1042.20			Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass
33251			1156.32			Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass
33253			1420.10			Operative incisions and reconstruction of atria for treatment of atrial fibrillation or atrial flutter (eg, maze procedure)
33261			1156.82			Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
33282			253.94			Implantation of patient-activated cardiac event recorder
33284			189.67			Removal of an implantable, patient-activated cardiac event recorder
33300			862.07			Repair of cardiac wound; without bypass
33305			1015.91			Repair of cardiac wound; with cardiopulmonary bypass
33310			888.45			Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33315			10.54			Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass
33320			783.97			Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
33321			949.11			Suture repair of aorta or great vessels; with shunt bypass
33322			978.84			Suture repair of aorta or great vessels; with cardiopulmonary bypass
33330			997.10			Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
33332			1079.96			Insertion of graft, aorta or great vessels; with shunt bypass
33335			1369.16			Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
33400			1401.23			Valvuloplasty, aortic valve; open, with cardiopulmonary bypass
33401			11.90			Valvuloplasty, aortic valve; open, with inflow occlusion
33403			1243.21			Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass
33404			1369.86			Construction of apical-aortic conduit
33405			1695.39			Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
33406			1794.94			Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)
33410			1554.22			Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve
33411			1748.32			Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp
33412			1983.17			Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
33413			2041.21			Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)
33414			1411.58			Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415			1243.29			Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33416			1390.72			Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
33417			1333.63			Aortoplasty (gusset) for supra-aortic stenosis
33420			986.73			Valvotomy, mitral valve; closed heart
33422			1259.55			Valvotomy, mitral valve; open heart, with cardiopulmonary bypass
33425			1271.99			Valvuloplasty, mitral valve, with cardiopulmonary bypass;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33426			1594.80			Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
33427			1886.56			Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
33430			1615.53			Replacement, mitral valve, with cardiopulmonary bypass
33460			1105.54			Valvectomy, tricuspid valve, with cardiopulmonary bypass
33463			1224.61			Valvuloplasty, tricuspid valve; without ring insertion
33464			1298.50			Valvuloplasty, tricuspid valve; with ring insertion
33465			1325.82			Replacement, tricuspid valve, with cardiopulmonary bypass
33468			1378.10			Tricuspid valve repositioning and plication for Ebstein anomaly
33470			954.25			Valvotomy, pulmonary valve, closed heart; transventricular
33471			1015.72			Valvotomy, pulmonary valve, closed heart; via pulmonary artery
33472			1089.17			Valvotomy, pulmonary valve, open heart; with inflow occlusion
33474			1071.23			Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass
33475			1534.18			Replacement, pulmonary valve
33476			1164.49			Right ventricular resection for infundibular stenosis, with or without commissurotomy
33478			1260.75			Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection
33496			1270.01			Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)
33500			1174.33			Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass
33501			809.60			Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass
33502			1017.13			Repair of anomalous coronary artery from pulmonary artery origin; by ligation
33503			965.95			Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass
33504			1149.81			Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass
33505			1220.46			Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)
33506			1570.64			Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta
33507			1375.60			Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33508			12.80			Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)
33510			14.44			Coronary artery bypass, vein only; single coronary venous graft
33511			1499.59			Coronary artery bypass, vein only; two coronary venous grafts
33512			1569.24			Coronary artery bypass, vein only; three coronary venous grafts
33513			1585.45			Coronary artery bypass, vein only; four coronary venous grafts
33514			1612.73			Coronary artery bypass, vein only; five coronary venous grafts
33516			1707.80			Coronary artery bypass, vein only; six or more coronary venous grafts
33517			107.82			Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for arterial graft)
33518			202.89			Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (List separately in addition to code for arterial graft)
33519			297.61			Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (List separately in addition to code for arterial graft)
33521			393.07			Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (List separately in addition to code for arterial graft)
33522			489.20			Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (List separately in addition to code for arterial graft)
33523			584.11			Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (List separately in addition to code for arterial graft)
33530			245.51			Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (List separately in addition to code for primary procedure)
33533			1479.40			Coronary artery bypass, using arterial graft(s); single arterial graft
33534			1584.65			Coronary artery bypass, using arterial graft(s); two coronary arterial grafts
33535			1669.51			Coronary artery bypass, using arterial graft(s); three coronary arterial grafts
33536			1766.91			Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts
33542			1328.26			Myocardial resection (eg, ventricular aneurysmectomy)
33545			1653.39			Repair of postinfarction ventricular septal defect, with or without myocardial resection

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33548			1817.06			Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, DOR procedures)
33572			185.70			Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)
33600			1331.56			Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
33602			1288.90			Closure of semilunar valve (aortic or pulmonary) by suture or patch
33606			1403.58			Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
33608			1434.91			Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery
33610			1401.01			Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
33611			1508.31			Repair of double outlet right ventricle with intraventricular tunnel repair;
33612			1590.43			Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction
33615			1474.41			Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)
33617			1681.82			Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
33619			2080.90			Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
33641			982.33			Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
33645			1162.56			Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647			13.27			Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33660			1378.83			Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair
33665			1340.62			Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair
33670			1510.53			Repair of complete atrioventricular canal, with or without prosthetic valve

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33681			1434.31			Closure of ventricular septal defect, with or without patch;
33684			1349.11			Closure of ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)
33688			1301.14			Closure of ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset
33690			922.60			Banding of pulmonary artery
33692			1415.94			Complete repair tetralogy of Fallot without pulmonary atresia;
33694			1531.46			Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch
33697			15.82			Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect
33702			1234.27			Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33710			1385.34			Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect
33720			1229.14			Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass
33722			1275.73			Closure of aortico-left ventricular tunnel
33730			1529.48			Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)
33732			1306.35			Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane
33735			932.45			Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)
33736			1113.47			Atrial septectomy or septostomy; open heart with cardiopulmonary bypass
33737			1038.06			Atrial septectomy or septostomy; open heart, with inflow occlusion
33750			957.91			Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
33755			968.60			Shunt; ascending aorta to pulmonary artery (Waterston type operation)
33762			1010.61			Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)
33764			1010.01			Shunt; central, with prosthetic graft
33766			1100.38			Shunt; superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure)
33767			1152.70			Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)
33768			336.91			Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33770			1639.91			Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect
33771			1497.53			Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect
33774			1451.97			Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;
33775			1500.76			Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band
33776			1580.95			Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect
33777			1567.54			Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction
33778			1806.91			Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);
33779			1578.16			Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band
33780			1872.04			Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect
33781			1585.39			Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction
33786			1762.24			Total repair, truncus arteriosus (Rastelli type operation)
33788			1223.81			Reimplantation of an anomalous pulmonary artery
33800			773.87			Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
33802			845.79			Division of aberrant vessel (vascular ring);
33803			938.31			Division of aberrant vessel (vascular ring); with reanastomosis
33813			1003.93			Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass
33814			1219.38			Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass
33820			781.07			Repair of patent ductus arteriosus; by ligation
33822			836.61			Repair of patent ductus arteriosus; by division, under 18 years

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33824			936.43			Repair of patent ductus arteriosus; by division, 18 years and older
33840			961.11			Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
33845			1061.28			Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft
33851			1014.63			Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement
33852			1081.67			Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass
33853			1470.39			Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass
33860			1727.02			Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension;
33861			1893.33			Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction
33863			2013.63			Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with aortic root replacement using composite prosthesis and coronary reconstruction
33870			1976.30			Transverse arch graft, with cardiopulmonary bypass
33875			1492.57			Descending thoracic aorta graft, with or without bypass
33877			1853.98			Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass
33880			1423.81			Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33881			1225.42			Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33883			906.61			Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33884			332.09			Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)
33886			784.68			Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
33889			661.94			Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
33891			846.67			Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
33910			1142.90			Pulmonary artery embolectomy; with cardiopulmonary bypass
33915			934.17			Pulmonary artery embolectomy; without cardiopulmonary bypass
33916			1173.64			Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass
33917			1165.57			Repair of pulmonary artery stenosis by reconstruction with patch or graft
33920			1441.42			Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
33922			1082.24			Transection of pulmonary artery with cardiopulmonary bypass
33924			231.87			Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)
33925			1407.83			Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass
33926			1890.64			Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass
33930			I.C.			Donor cardiectomy-pneumonectomy (including cold preservation)
33933			I.C.			Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation
33935			2845.51			Heart-lung transplant with recipient cardiectomy-pneumonectomy
33940			I.C.			Donor cardiectomy (including cold preservation)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
33944			I.C.			Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation
33945			2015.81			Heart transplant, with or without recipient cardiectomy
33960			758.54			Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours
33961			442.12			Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours (List separately in addition to code for primary procedure)
33967			203.31			Insertion of intra-aortic balloon assist device, percutaneous
33968			26.93			Removal of intra-aortic balloon assist device, percutaneous
33970			281.10			Insertion of intra-aortic balloon assist device through the femoral artery, open approach
33971			495.76			Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft
33973			408.53			Insertion of intra-aortic balloon assist device through the ascending aorta
33974			699.37			Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft
33975			858.67			Insertion of ventricular assist device; extracorporeal, single ventricle
33976			960.44			Insertion of ventricular assist device; extracorporeal, biventricular
33977			964.34			Removal of ventricular assist device; extracorporeal, single ventricle
33978			1065.73			Removal of ventricular assist device; extracorporeal, biventricular
33979			1924.72			Insertion of ventricular assist device, implantable intracorporeal, single ventricle
33980			2587.44			Removal of ventricular assist device, implantable intracorporeal, single ventricle
33999			I.C.			Unlisted procedure, cardiac surgery
34001			621.50			Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision
34051			728.78			Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision
34101			486.42			Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision
34111			486.20			Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
34151			1117.03			Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision
34201			489.86			Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision
34203			777.18			Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision
34401			1115.33			Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision
34421			575.86			Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision
34451			1213.20			Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision
34471			484.33			Thrombectomy, direct or with catheter; subclavian vein, by neck incision
34490			484.86			Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision
34501			777.33			Valvuloplasty, femoral vein
34502			1235.58			Reconstruction of vena cava, any method
34510			889.20			Venous valve transposition, any vein donor
34520			828.46			Cross-over vein graft to venous system
34530			785.38			Saphenopopliteal vein anastomosis
34800			933.75			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis
34802			1013.76			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (one docking limb)
34803			1049.39			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)
34804			1013.75			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis
34805			970.90			Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis
34808			172.83			Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)
34812			287.51			Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral
34813			199.83			Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
34820			410.98			Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral
34825			564.85			Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel
34826			169.47			Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)
34830			1458.68			Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis
34831			1477.33			Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis
34832			1572.45			Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis
34833			517.09			Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral
34834			237.95			Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral
34900			749.90			Endovascular graft placement for repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma)
35001			923.73			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision
35002			970.33			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision
35005			834.76			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35011			820.11			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision
35013			999.64			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision
35021			920.71			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision
35022			1039.89			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision
35045			790.05			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery
35081			1245.68			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta
35082			1694.98			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta
35091			1545.29			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35092			1974.27			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35102			13.62			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)
35103			1776.16			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35111			1117.00			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery
35112			1318.99			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery
35121			1337.49			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery
35122			1533.63			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery
35131			1133.67			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)
35132			1337.83			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)
35141			914.54			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)
35142			1064.36			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)
35151			1030.79			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery
35152			1167.46			Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery
35180			629.98			Repair, congenital arteriovenous fistula; head and neck
35182			1353.08			Repair, congenital arteriovenous fistula; thorax and abdomen
35184			829.93			Repair, congenital arteriovenous fistula; extremities
35188			696.90			Repair, acquired or traumatic arteriovenous fistula; head and neck

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35189			1261.63			Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen
35190			608.00			Repair, acquired or traumatic arteriovenous fistula; extremities
35201			764.43			Repair blood vessel, direct; neck
35206			626.08			Repair blood vessel, direct; upper extremity
35207			558.09			Repair blood vessel, direct; hand, finger
35211			1036.33			Repair blood vessel, direct; intrathoracic, with bypass
35216			876.26			Repair blood vessel, direct; intrathoracic, without bypass
35221			1080.30			Repair blood vessel, direct; intra-abdominal
35226			693.24			Repair blood vessel, direct; lower extremity
35231			942.45			Repair blood vessel with vein graft; neck
35236			789.43			Repair blood vessel with vein graft; upper extremity
35241			1088.34			Repair blood vessel with vein graft; intrathoracic, with bypass
35246			1197.74			Repair blood vessel with vein graft; intrathoracic, without bypass
35251			1319.75			Repair blood vessel with vein graft; intra-abdominal
35256			844.14			Repair blood vessel with vein graft; lower extremity
35261			816.90			Repair blood vessel with graft other than vein; neck
35266			692.17			Repair blood vessel with graft other than vein; upper extremity
35271			1032.13			Repair blood vessel with graft other than vein; intrathoracic, with bypass
35276			1121.15			Repair blood vessel with graft other than vein; intrathoracic, without bypass
35281			1252.46			Repair blood vessel with graft other than vein; intra-abdominal
35286			767.20			Repair blood vessel with graft other than vein; lower extremity
35301			857.33			Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision
35311			1213.72			Thromboendarterectomy, with or without patch graft; subclavian, innominate, by thoracic incision
35321			738.34			Thromboendarterectomy, with or without patch graft; axillary-brachial
35331			1183.84			Thromboendarterectomy, with or without patch graft; abdominal aorta
35341			1140.24			Thromboendarterectomy, with or without patch graft; mesenteric, celiac, or renal
35351			1030.33			Thromboendarterectomy, with or without patch graft; iliac
35355			839.98			Thromboendarterectomy, with or without patch graft; iliofemoral
35361			1262.04			Thromboendarterectomy, with or without patch graft; combined aortoiliac

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35363			1350.72			Thromboendarterectomy, with or without patch graft; combined aortoiliofemoral
35371			686.14			Thromboendarterectomy, with or without patch graft; common femoral
35372			823.89			Thromboendarterectomy, with or without patch graft; deep (profunda) femoral
35381			747.53			Thromboendarterectomy, with or without patch graft; femoral and/or popliteal, and/or tibioperoneal
35390			133.86			Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure)
35400			129.58			Angioscopy (non-coronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)
35450			424.90			Transluminal balloon angioplasty, open; renal or other visceral artery
35452			298.82			Transluminal balloon angioplasty, open; aortic
35454			263.52			Transluminal balloon angioplasty, open; iliac
35456			318.56			Transluminal balloon angioplasty, open; femoral-popliteal
35458			406.34			Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel
35459			371.44			Transluminal balloon angioplasty, open; tibioperoneal trunk and branches
35460			261.30			Transluminal balloon angioplasty, open; venous
35470	3205.12	365.75				Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel
35471	3622.76	424.82				Transluminal balloon angioplasty, percutaneous; renal or visceral artery
35472	2341.16	295.39				Transluminal balloon angioplasty, percutaneous; aortic
35473	2165.48	259.10				Transluminal balloon angioplasty, percutaneous; iliac
35474	3129.47	312.61				Transluminal balloon angioplasty, percutaneous; femoral-popliteal
35475	2139.46	394.98				Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel
35476	1660.08	252.97				Transluminal balloon angioplasty, percutaneous; venous
35480			469.48			Transluminal peripheral atherectomy, open; renal or other visceral artery
35481			331.43			Transluminal peripheral atherectomy, open; aortic
35482			289.17			Transluminal peripheral atherectomy, open; iliac
35483			350.43			Transluminal peripheral atherectomy, open; femoral-popliteal
35484			442.57			Transluminal peripheral atherectomy, open; brachiocephalic trunk or branches, each vessel
35485			410.34			Transluminal peripheral atherectomy, open; tibioperoneal trunk and branches

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35490			478.56			Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery
35491			336.60			Transluminal peripheral atherectomy, percutaneous; aortic
35492			299.72			Transluminal peripheral atherectomy, percutaneous; iliac
35493			363.04			Transluminal peripheral atherectomy, percutaneous; femoral-popliteal
35494			450.17			Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel
35495			424.03			Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches
35500			266.64			Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)
35501			874.83			Bypass graft, with vein; carotid
35506			922.92			Bypass graft, with vein; carotid-subclavian
35507			921.15			Bypass graft, with vein; subclavian-carotid
35508			891.96			Bypass graft, with vein; carotid-vertebral
35509			849.78			Bypass graft, with vein; carotid-carotid
35510			1021.97			Bypass graft, with vein; carotid-brachial
35511			962.61			Bypass graft, with vein; subclavian-subclavian
35512			1002.47			Bypass graft, with vein; subclavian-brachial
35515			886.66			Bypass graft, with vein; subclavian-vertebral
35516			730.03			Bypass graft, with vein; subclavian-axillary
35518			952.71			Bypass graft, with vein; axillary-axillary
35521			1011.16			Bypass graft, with vein; axillary-femoral
35522			973.68			Bypass graft, with vein; axillary-brachial
35525			929.76			Bypass graft, with vein; brachial-brachial
35526			1325.73			Bypass graft, with vein; aortosubclavian or carotid
35531			1598.50			Bypass graft, with vein; aortoceliac or aortomesenteric
35533			1250.43			Bypass graft, with vein; axillary-femoral-femoral
35536			1410.73			Bypass graft, with vein; splenorenal
35541			1169.07			Bypass graft, with vein; aortoiliac or bi-iliac
35546			1150.38			Bypass graft, with vein; aortofemoral or bifemoral
35548			976.75			Bypass graft, with vein; aortoiliofemoral, unilateral
35549			1064.46			Bypass graft, with vein; aortoiliofemoral, bilateral
35551			1203.69			Bypass graft, with vein; aortofemoral-popliteal
35556			994.64			Bypass graft, with vein; femoral-popliteal
35558			970.91			Bypass graft, with vein; femoral-femoral
35560			1434.22			Bypass graft, with vein; aortorenal
35563			1097.93			Bypass graft, with vein; ilioiliac
35565			1052.63			Bypass graft, with vein; iliofemoral
35566			1208.77			Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35571			1102.62			Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
35572			285.53			Harvest of femoropopliteal vein, one segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)
35583			1027.36			In-situ vein bypass; femoral-popliteal
35585			1281.61			In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
35587			1143.97			In-situ vein bypass; popliteal-tibial, peroneal
35600			206.99			Harvest of upper extremity artery, one segment, for coronary artery bypass procedure
35601			826.31			Bypass graft, with other than vein; carotid
35606			877.59			Bypass graft, with other than vein; carotid-subclavian
35612			744.65			Bypass graft, with other than vein; subclavian-subclavian
35616			752.74			Bypass graft, with other than vein; subclavian-axillary
35621			907.04			Bypass graft, with other than vein; axillary-femoral
35623			1090.04			Bypass graft, with other than vein; axillary-popliteal or -tibial
35626			1256.93			Bypass graft, with other than vein; aortosubclavian or carotid
35631			1511.60			Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal
35636			1316.83			Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)
35641			1126.51			Bypass graft, with other than vein; aortoiliac or bi-iliac
35642			837.01			Bypass graft, with other than vein; carotid-vertebral
35645			813.89			Bypass graft, with other than vein; subclavian-vertebral
35646			1392.59			Bypass graft, with other than vein; aortobifemoral
35647			1255.22			Bypass graft, with other than vein; aortofemoral
35650			864.23			Bypass graft, with other than vein; axillary-axillary
35651			1124.26			Bypass graft, with other than vein; aortofemoral-popliteal
35654			1124.64			Bypass graft, with other than vein; axillary-femoral-femoral
35656			888.67			Bypass graft, with other than vein; femoral-popliteal
35661			883.10			Bypass graft, with other than vein; femoral-femoral
35663			1009.80			Bypass graft, with other than vein; ilioiliac
35665			962.28			Bypass graft, with other than vein; iliofemoral
35666			1038.37			Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
35671			908.17			Bypass graft, with other than vein; popliteal-tibial or -peroneal artery
35681			67.07			Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)

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35682			301.60			Bypass graft; autogenous composite, two segments of veins from two locations (List separately in addition to code for primary procedure)
35683			356.02			Bypass graft; autogenous composite, three or more segments of vein from two or more locations (List separately in addition to code for primary procedure)
35685			169.73			Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)
35686			140.57			Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)
35691			836.30			Transposition and/or reimplantation; vertebral to carotid artery
35693			731.17			Transposition and/or reimplantation; vertebral to subclavian artery
35694			876.17			Transposition and/or reimplantation; subclavian to carotid artery
35695			875.41			Transposition and/or reimplantation; carotid to subclavian artery
35697			126.15			Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)
35700			129.04			Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery or other distal vessels, more than one month after original operation (List separately in addition to code for primary procedure)
35701			431.37			Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery
35721			368.91			Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery
35741			401.28			Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery
35761			298.54			Exploration (not followed by surgical repair), with or without lysis of artery; other vessels
35800			369.97			Exploration for postoperative hemorrhage, thrombosis or infection; neck
35820			639.14			Exploration for postoperative hemorrhage, thrombosis or infection; chest
35840			476.16			Exploration for postoperative hemorrhage, thrombosis or infection; abdomen
35860			304.87			Exploration for postoperative hemorrhage, thrombosis or infection; extremity
35870			1005.32			Repair of graft-enteric fistula
35875			484.12			Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
35876			773.46			Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft
35879			749.27			Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
35881			843.18			Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition
35901			428.75			Excision of infected graft; neck
35903			493.53			Excision of infected graft; extremity
35905			1402.17			Excision of infected graft; thorax
35907			1549.36			Excision of infected graft; abdomen
36000	24.09	6.87				Introduction of needle or intracatheter, vein
36002	153.18	90.28				Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm
36005	281.41	37.73				Injection procedure for extremity venography (including introduction of needle or intracatheter)
36010	712.85	98.02				Introduction of catheter, superior or inferior vena cava
36011	1016.85	128.22				Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
36012	731.55	141.89				Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
36013	784.67	98.33				Introduction of catheter, right heart or main pulmonary artery
36014	756.13	122.11				Selective catheter placement, left or right pulmonary artery
36015	887.70	141.44				Selective catheter placement, segmental or subsegmental pulmonary artery
36100	490.52	126.32				Introduction of needle or intracatheter, carotid or vertebral artery
36120	414.13	80.40				Introduction of needle or intracatheter; retrograde brachial artery
36140	483.44	80.51				Introduction of needle or intracatheter; extremity artery
36145	475.04	80.06				Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)
36160	523.33	103.52				Introduction of needle or intracatheter, aortic, translumbar
36200	637.40	122.56				Introduction of catheter, aorta
36215	1033.12	188.86				Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36216	1118.53	212.68				Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family
36217	2025.11	256.46				Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36218	198.43	40.83				Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36245	1201.88	192.07				Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	1149.56	215.25				Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	1828.79	256.14				Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
36248	163.67	40.83				Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36260			459.80			Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261			288.05			Revision of implanted intra-arterial infusion pump
36262			214.68			Removal of implanted intra-arterial infusion pump
36299			I.C.			Unlisted procedure, vascular injection
36400	20.48	14.19				Venipuncture, under age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein
36405	17.88	11.92				Venipuncture, under age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein
36406	14.49	6.87				Venipuncture, under age 3 years, necessitating physician's skill, not to be used for routine venipuncture; other vein
36410	14.82	6.87				Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415			I.C.			Collection of venous blood by venipuncture
36416			I.C.			Collection of capillary blood specimen (eg, finger, heel, ear stick)
36420	40.83	38.52				Venipuncture, cutdown; under age 1 year
36425			29.70			Venipuncture, cutdown; age 1 or over
36430			34.78			Transfusion, blood or blood components
36440			40.41			Push transfusion, blood, 2 years or under
36450			90.05			Exchange transfusion, blood; newborn
36455			104.19			Exchange transfusion, blood; other than newborn
36460			274.67			Transfusion, intrauterine, fetal
36468			I.C.			Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36469			I.C.			Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
36470	121.98	57.08				Injection of sclerosing solution; single vein
36471	149.77	79.58				Injection of sclerosing solution; multiple veins, same leg
36475	1901.05	278.74				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	359.32	135.51				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478	1747.76	278.74				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	362.96	135.51				Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36481	396.26	291.97				Percutaneous portal vein catheterization by any method
36500			147.18			Venous catheterization for selective organ blood sampling
36510	161.59	52.66				Catheterization of umbilical vein for diagnosis or therapy, newborn
36511			74.21			Therapeutic apheresis; for white blood cells
36512			74.54			Therapeutic apheresis; for red blood cells
36513			76.23			Therapeutic apheresis; for platelets
36514	613.55	73.55				Therapeutic apheresis; for plasma pheresis
36515	2251.42	71.90				Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion
36516	2826.33	51.52				Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion
36522	1123.92	81.01				Photopheresis, extracorporeal
36540			I.C.			Collection of blood specimen from a completely implantable venous access device
36550			21.20			Declotting by thrombolytic agent of implanted vascular access device or catheter
36555	267.82	103.27				Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age
36556	260.32	98.09				Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36557	855.82	241.99				Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; under 5 years of age

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36558	844.19	230.36				Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older
36560	1171.12	286.46				Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; under 5 years of age
36561	1161.21	276.88				Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older
36563	1078.44	289.47				Insertion of tunneled centrally inserted central venous access device with subcutaneous pump
36565	998.98	276.88				Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)
36566	1039.33	296.04				Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)
36568	305.68	74.91				Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; under 5 years of age
36569	298.41	73.60				Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
36570	1261.54	250.41				Insertion of peripherally inserted central venous access device, with subcutaneous port; under 5 years of age
36571	1263.30	249.52				Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36575	157.48	31.67				Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site
36576	323.15	153.97				Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36578	470.53	177.52				Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36580	271.02	54.16				Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36581	746.64	163.27				Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36582	1011.98	243.20				Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access
36583	1014.03	245.25				Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36584	268.96	55.74				Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access
36585	1060.81	227.81				Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
36589	142.82	114.35				Removal of tunneled central venous catheter, without subcutaneous port or pump
36590	213.28	158.32				Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion
36595	677.03	152.27				Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access
36596	144.42	38.47				Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen
36597	114.91	49.69				Repositioning of previously placed central venous catheter under fluoroscopic guidance
36598			109.38			Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
36600	25.55	12.30				Arterial puncture, withdrawal of blood for diagnosis
36620			41.07			Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36625			81.89			Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown
36640			97.37			Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
36660			56.53			Catheterization, umbilical artery, newborn, for diagnosis or therapy
36680			51.97			Placement of needle for intraosseous infusion
36800			132.91			Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
36810			175.52			Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)
36815			119.24			Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure
36818			562.12			Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
36819			642.94			Arteriovenous anastomosis, open; by upper arm basilic vein transposition
36820			643.04			Arteriovenous anastomosis, open; by forearm vein transposition

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
36821			429.21			Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
36822			313.07			Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)
36823			957.27			Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites
36825			470.38			Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
36830			543.23			Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)
36831			376.77			Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)
36832			479.49			Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36833			540.63			Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36834			464.71			Plastic repair of arteriovenous aneurysm (separate procedure)
36835			363.32			Insertion of Thomas shunt (separate procedure)
36838			950.26			Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
36860	117.14	80.72				External cannula declotting (separate procedure); without balloon catheter
36861			125.26			External cannula declotting (separate procedure); with balloon catheter
36870	1910.02	253.94				Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)
37140			1046.35			Venous anastomosis, open; portocaval
37145			1114.73			Venous anastomosis, open; renoportal
37160			968.37			Venous anastomosis, open; caval-mesenteric
37180			1097.87			Venous anastomosis, open; splenorenal, proximal
37181			1180.13			Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
37182			694.30			Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)
37183			332.09			Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)
37184	2632.97	363.72				Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
37185	855.50	132.41				Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)
37186	1783.46	198.57				Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)
37187	2564.28	338.40				Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
37188	2224.32	245.10				Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy
37195			226.10			Thrombolysis, cerebral, by intravenous infusion
37200			181.89			Transcatheter biopsy
37201			230.20			Transcatheter therapy, infusion for thrombolysis other than coronary
37202			267.52			Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)
37203	1237.29	213.25				Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
37204			731.37			Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck
37205			367.27			Transcatheter placement of an intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous; initial vessel
37206			168.54			Transcatheter placement of an intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous; each additional vessel (List separately in addition to code for primary procedure)
37207			360.51			Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; initial vessel
37208			173.16			Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; each additional vessel (List separately in addition to code for primary procedure)
37209			90.81			Exchange of a previously placed intravascular catheter during thrombolytic therapy
37215			845.22			Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
37216			814.59			Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection
37250			87.77			Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)
37251			66.84			Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)
37500			566.45			Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37501			I.C.			Unlisted vascular endoscopy procedure
37565			517.69			Ligation, internal jugular vein
37600			563.19			Ligation; external carotid artery
37605			636.48			Ligation; internal or common carotid artery
37606			352.74			Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
37607			307.79			Ligation or banding of angioaccess arteriovenous fistula
37609	240.58	156.48				Ligation or biopsy, temporal artery
37615			310.27			Ligation, major artery (eg, post-traumatic, rupture); neck
37616			776.89			Ligation, major artery (eg, post-traumatic, rupture); chest

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
37617			982.06			Ligation, major artery (eg, post-traumatic, rupture); abdomen
37618			268.81			Ligation, major artery (eg, post-traumatic, rupture); extremity
37620			502.39			Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)
37650			393.94			Ligation of femoral vein
37660			937.72			Ligation of common iliac vein
37700			207.74			Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718			325.35			Ligation, division, and stripping, short saphenous vein
37722			381.63			Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735			507.38			Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760			499.52			Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open
37765			367.59			Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
37766			445.18			Stab phlebectomy of varicose veins, one extremity; more than 20 incisions
37780			212.78			Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	290.80	208.70				Ligation, division, and/or excision of varicose vein cluster(s), one leg
37788			961.56			Penile revascularization, artery, with or without vein graft
37790			389.24			Penile venous occlusive procedure
37799			I.C.			Unlisted procedure, vascular surgery
38100			649.29			Splenectomy; total (separate procedure)
38101			686.25			Splenectomy; partial (separate procedure)
38102			201.25			Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)
38115			705.26			Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy
38120			765.79			Laparoscopy, surgical, splenectomy
38129			I.C.			Unlisted laparoscopy procedure, spleen
38200			105.81			Injection procedure for splenoportography
38204			I.C.			Management of recipient hematopoietic progenitor cell donor search and cell acquisition
38205			65.35			Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
38206			65.35			Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
38207			I.C.			Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38208			I.C.			Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing
38209			I.C.			Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing
38210			I.C.			Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion
38211			I.C.			Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
38212			I.C.			Transplant preparation of hematopoietic progenitor cells; red blood cell removal
38213			I.C.			Transplant preparation of hematopoietic progenitor cells; platelet depletion
38214			I.C.			Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion
38215			I.C.			Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer
38220	154.56	48.29				Bone marrow; aspiration only
38221	170.01	61.08				Bone marrow; biopsy, needle or trocar
38230			243.32			Bone marrow harvesting for transplantation
38240			98.68			Bone marrow or blood-derived peripheral stem cell transplantation; allogenic
38241			99.02			Bone marrow or blood-derived peripheral stem cell transplantation; autologous
38242			75.04			Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions
38300	203.48	128.99				Drainage of lymph node abscess or lymphadenitis; simple
38305			333.16			Drainage of lymph node abscess or lymphadenitis; extensive
38308			321.79			Lymphangiectomy or other operations on lymphatic channels
38380			411.90			Suture and/or ligation of thoracic duct; cervical approach
38381			626.30			Suture and/or ligation of thoracic duct; thoracic approach
38382			500.71			Suture and/or ligation of thoracic duct; abdominal approach
38500	237.19	183.89				Biopsy or excision of lymph node(s); open, superficial
38505	101.83	59.45				Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
38510	378.25	309.71				Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520			337.93			Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38525			295.23			Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530			391.79			Biopsy or excision of lymph node(s); open, internal mammary node(s)
38542			325.71			Dissection, deep jugular node(s)
38550			341.13			Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38555			713.85			Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
38562			508.93			Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
38564			503.50			Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)
38570			413.33			Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38571			619.70			Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38572			736.82			Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
38589			I.C.			Unlisted laparoscopy procedure, lymphatic system
38700			451.29			Suprahyoid lymphadenectomy
38720			714.31			Cervical lymphadenectomy (complete)
38724			757.79			Cervical lymphadenectomy (modified radical neck dissection)
38740			471.05			Axillary lymphadenectomy; superficial
38745			603.12			Axillary lymphadenectomy; complete
38746			204.77			Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure)
38747			204.96			Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)
38760			600.17			Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)
38765			900.93			Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38770			588.40			Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38780			773.78			Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
38790	282.69	63.85				Injection procedure; lymphangiography
38792			30.33			Injection procedure; for identification of sentinel node
38794			244.85			Cannulation, thoracic duct
38999			I.C.			Unlisted procedure, hemic or lymphatic system
39000			343.11			Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
39010			615.91			Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy
39200			672.37			Excision of mediastinal cyst
39220			848.03			Excision of mediastinal tumor
39400			334.58			Mediastinoscopy, with or without biopsy
39499			I.C.			Unlisted procedure, mediastinum
39501			619.09			Repair, laceration of diaphragm, any approach
39502			737.75			Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal
39503			3984.07			Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia
39520			762.74			Repair, diaphragmatic hernia (esophageal hiatal); transthoracic
39530			710.56			Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal
39531			749.31			Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty)
39540			615.53			Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
39541			660.59			Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
39545			661.52			Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
39560			576.43			Resection, diaphragm; with simple repair (eg, primary suture)
39561			849.03			Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)
39599			I.C.			Unlisted procedure, diaphragm
40490	88.92	55.15				Biopsy of lip
40500	355.71	270.62				Vermilionectomy (lip shave), with mucosal advancement
40510	360.55	274.13				Excision of lip; transverse wedge excision with primary closure
40520	391.18	277.29				Excision of lip; V-excision with primary direct linear closure
40525			437.38			Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
40527			518.65			Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	421.03	313.76				Resection of lip, more than one-fourth, without reconstruction
40650	334.65	218.44				Repair lip, full thickness; vermilion only
40652	386.43	270.88				Repair lip, full thickness; up to half vertical height
40654	445.81	323.97				Repair lip, full thickness; over one-half vertical height, or complex
40700			676.70			Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701			852.07			Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure
40702			662.43			Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages
40720			743.75			Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
40761			791.91			Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
40799			I.C.			Unlisted procedure, lips
40800	133.69	94.29				Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801	210.53	168.15				Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40804	149.42	98.43				Removal of embedded foreign body, vestibule of mouth; simple
40805	230.42	175.13				Removal of embedded foreign body, vestibule of mouth; complicated
40806	70.41	26.05				Incision of labial frenum (frenotomy)
40808	116.93	77.86				Biopsy, vestibule of mouth
40810	134.92	94.20				Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	193.83	150.12				Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40814	267.64	232.87				Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	281.96	243.22				Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40818	243.04	203.31				Excision of mucosa of vestibule of mouth as donor graft
40819	208.74	175.97				Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40820	168.41	119.08				Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
40830	176.56	122.59				Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	229.56	176.25				Closure of laceration, vestibule of mouth; over 2.5 cm or complex

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
40840	590.81	497.44				Vestibuloplasty; anterior
40842	600.08	491.15				Vestibuloplasty; posterior, unilateral
40843	762.78	625.38				Vestibuloplasty; posterior, bilateral
40844	1011.45	871.74				Vestibuloplasty; entire arch
40845	1125.71	997.91				Vestibuloplasty; complex (including ridge extension, muscle repositioning)
40899			I.C.			Unlisted procedure, vestibule of mouth
41000	115.55	85.42				Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	148.21	94.58				Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
41006	256.61	202.98				Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
41007	263.42	193.23				Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	257.87	208.87				Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009	274.69	228.34				Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41010	144.53	83.94				Incision of lingual frenum (frenotomy)
41015	299.29	257.24				Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	310.86	264.51				Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	311.53	267.16				Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018	360.00	308.02				Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41100	129.02	95.58				Biopsy of tongue; anterior two-thirds
41105	118.77	85.99				Biopsy of tongue; posterior one-third
41108	100.22	68.77				Biopsy of floor of mouth
41110	143.78	99.08				Excision of lesion of tongue without closure
41112	230.31	188.92				Excision of lesion of tongue with closure; anterior two-thirds
41113	253.35	211.30				Excision of lesion of tongue with closure; posterior one-third
41114			491.91			Excision of lesion of tongue with closure; with local tongue flap
41115	161.54	113.87				Excision of lingual frenum (frenectomy)
41116	217.17	165.85				Excision, lesion of floor of mouth
41120			796.57			Glossectomy; less than one-half tongue
41130			867.17			Glossectomy; hemiglossectomy
41135			1452.70			Glossectomy; partial, with unilateral radical neck dissection

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
41140			1642.32			Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection
41145			1903.23			Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150			1501.99			Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153			1533.56			Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155			1709.76			Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
41250	148.05	96.07				Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	176.47	119.20				Repair of laceration 2.5 cm or less; posterior one-third of tongue
41252	217.98	163.68				Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
41500			356.65			Fixation of tongue, mechanical, other than suture (eg, K-wire)
41510			362.26			Suture of tongue to lip for micrognathia (Douglas type procedure)
41520	235.05	201.94				Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41599			I.C.			Unlisted procedure, tongue, floor of mouth
41800	121.22	77.51				Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	126.03	110.80				Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806	201.75	183.54				Removal of embedded foreign body from dentoalveolar structures; bone
41820			I.C.			Gingivectomy, excision gingiva, each quadrant
41821			I.C.			Operculectomy, excision pericoronal tissues
41822	200.13	133.25				Excision of fibrous tuberosities, dentoalveolar structures
41823	286.79	235.14				Excision of osseous tuberosities, dentoalveolar structures
41825	141.33	114.18				Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826	151.57	140.64				Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	285.49	223.91				Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
41828	221.69	193.88				Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	267.03	222.66				Alveolectomy, including curettage of osteitis or sequestrectomy
41850			I.C.			Destruction of lesion (except excision), dentoalveolar structures

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
41870			I.C.			Periodontal mucosal grafting
41872	245.08	193.43				Gingivoplasty, each quadrant (specify)
41874	256.35	201.06				Alveoloplasty, each quadrant (specify)
41899			I.C.			Unlisted procedure, dentoalveolar structures
42000	121.89	78.18				Drainage of abscess of palate, uvula
42100	108.44	84.27				Biopsy of palate, uvula
42104	133.49	100.38				Excision, lesion of palate, uvula; without closure
42106	170.78	144.95				Excision, lesion of palate, uvula; with simple primary closure
42107	322.42	263.82				Excision, lesion of palate, uvula; with local flap closure
42120			573.15			Resection of palate or extensive resection of lesion
42140	171.33	117.36				Uvulectomy, excision of uvula
42145			486.17			Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	194.77	129.87				Destruction of lesion, palate or uvula (thermal, cryo or chemical)
42180	176.01	143.89				Repair, laceration of palate; up to 2 cm
42182	243.36	215.55				Repair, laceration of palate; over 2 cm or complex
42200			699.71			Palatoplasty for cleft palate, soft and/or hard palate only
42205			737.79			Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210			830.36			Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
42215			574.95			Palatoplasty for cleft palate; major revision
42220			435.89			Palatoplasty for cleft palate; secondary lengthening procedure
42225			850.03			Palatoplasty for cleft palate; attachment pharyngeal flap
42226			787.68			Lengthening of palate, and pharyngeal flap
42227			801.84			Lengthening of palate, with island flap
42235			627.76			Repair of anterior palate, including vomer flap
42260	638.09	534.13				Repair of nasolabial fistula
42280	112.19	84.71				Maxillary impression for palatal prosthesis
42281	144.74	119.57				Insertion of pin-retained palatal prosthesis
42299			I.C.			Unlisted procedure, palate, uvula
42300	150.80	117.36				Drainage of abscess; parotid, simple
42305			336.08			Drainage of abscess; parotid, complicated
42310	121.33	97.16				Drainage of abscess; submaxillary or sublingual, intraoral
42320	178.47	139.40				Drainage of abscess; submaxillary, external
42330	169.83	126.79				Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	260.85	202.58				Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	337.33	267.14				Sialolithotomy; parotid, extraoral or complicated intraoral

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
42400	77.60	46.81				Biopsy of salivary gland; needle
42405	230.27	178.96				Biopsy of salivary gland; incisional
42408	332.04	255.56				Excision of sublingual salivary cyst (ranula)
42409	233.96	175.68				Marsupialization of sublingual salivary cyst (ranula)
42410			485.72			Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415			860.14			Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420			990.27			Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425			669.76			Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42426			1061.13			Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection
42440			365.15			Excision of submandibular (submaxillary) gland
42450	333.25	278.29				Excision of sublingual gland
42500	316.87	266.88				Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	419.82	361.55				Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507			397.00			Parotid duct diversion, bilateral (Wilke type procedure);
42508			552.17			Parotid duct diversion, bilateral (Wilke type procedure); with excision of one submandibular gland
42509			678.67			Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510			499.10			Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
42550	142.84	49.81				Injection procedure for sialography
42600	361.54	279.76				Closure salivary fistula
42650	59.34	46.43				Dilation salivary duct
42660	78.05	61.49				Dilation and catheterization of salivary duct, with or without injection
42665	213.71	161.40				Ligation salivary duct, intraoral
42699			I.C.			Unlisted procedure, salivary glands or ducts
42700	135.91	104.12				Incision and drainage abscess; peritonsillar
42720	320.13	285.70				Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
42725			589.93			Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
42800	113.52	87.36				Biopsy; oropharynx
42802	203.32	113.93				Biopsy; hypopharynx
42804	160.78	94.24				Biopsy; nasopharynx, visible lesion, simple
42806	181.81	110.96				Biopsy; nasopharynx, survey for unknown primary lesion

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
42808	170.67	132.27				Excision or destruction of lesion of pharynx, any method
42809	131.25	97.81				Removal of foreign body from pharynx
42810	286.34	214.16				Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815			422.34			Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42820			224.36			Tonsillectomy and adenoidectomy; under age 12
42821			242.74			Tonsillectomy and adenoidectomy; age 12 or over
42825			205.45			Tonsillectomy, primary or secondary; under age 12
42826			200.15			Tonsillectomy, primary or secondary; age 12 or over
42830			160.84			Adenoidectomy, primary; under age 12
42831			174.44			Adenoidectomy, primary; age 12 or over
42835			150.27			Adenoidectomy, secondary; under age 12
42836			192.34			Adenoidectomy, secondary; age 12 or over
42842			623.41			Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844			961.27			Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)
42845			1486.61			Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap
42860			145.39			Excision of tonsil tags
42870			443.73			Excision or destruction lingual tonsil, any method (separate procedure)
42890			851.62			Limited pharyngectomy
42892			1037.24			Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42894			1406.37			Resection of pharyngeal wall requiring closure with myocutaneous flap
42900			278.02			Suture pharynx for wound or injury
42950			634.47			Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953			843.34			Pharyngoesophageal repair
42955			576.84			Pharyngostomy (fistulization of pharynx, external for feeding)
42960			134.09			Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42961			329.37			Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization
42962			407.05			Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
42970			297.77			Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery
42971			353.21			Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization
42972			402.66			Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention
42999			I.C.			Unlisted procedure, pharynx, adenoids, or tonsils
43020			423.34			Esophagotomy, cervical approach, with removal of foreign body
43030			411.09			Cricopharyngeal myotomy
43045			970.18			Esophagotomy, thoracic approach, with removal of foreign body
43100			482.01			Excision of lesion, esophagus, with primary repair; cervical approach
43101			763.12			Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach
43107			1830.76			Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (transhiatal)
43108			1509.73			Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)
43112			1977.06			Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty
43113			1577.32			Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43116			1486.95			Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
43117			1796.86			Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastronomy, with or without pyloroplasty (Ivor Lewis)
43118			1468.71			Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43121			1349.67			Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty
43122			1805.99			Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty
43123			1480.43			Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43124			1274.47			Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy
43130			602.24			Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
43135			766.63			Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach
43200	184.07	82.43				Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43201	214.94	97.74				Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance
43202	239.86	86.89				Esophagoscopy, rigid or flexible; with biopsy, single or multiple
43204			161.32			Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices
43205			161.42			Esophagoscopy, rigid or flexible; with band ligation of esophageal varices
43215			116.76			Esophagoscopy, rigid or flexible; with removal of foreign body
43216			106.13			Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43217	317.01	125.64				Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43219			127.72			Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent
43220			94.16			Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)
43226			103.25			Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire
43227			153.84			Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43228			163.21			Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43231			136.99			Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination
43232			191.83			Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43234	236.35	88.35				Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)
43235	242.04	104.31				Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43236	298.24	126.07				Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance
43237			172.65			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus
43238			214.07			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)
43239	274.23	123.92				Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
43240			288.92			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst
43241			112.95			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement
43242			305.03			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43243			193.44			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices
43244			213.28			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices
43245			137.05			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)
43246			183.37			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube
43247			145.14			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body
43248			135.88			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire
43249			125.41			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)
43250			137.94			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43251			157.83			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43255			203.80			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method
43256			184.14			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)
43257			233.76			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43258			192.56			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43259			217.98			Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate
43260			250.45			Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43261			263.36			Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43262			309.13			Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
43263			305.69			Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)
43264			371.01			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts
43265			416.17			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method
43267			309.13			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube
43268			312.44			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct
43269			342.81			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent
43271			309.13			Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)
43272			309.13			Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43280			769.75			Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43289			I.C.			Unlisted laparoscopy procedure, esophagus
43300			489.84			Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43305			870.84			Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula
43310			1150.82			Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
43312			1271.29			Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula
43313			2000.27			Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula
43314			2177.39			Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula
43320			918.61			Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach
43324			922.24			Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)
43325			905.17			Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)
43326			918.79			Esophagogastric fundoplasty; with gastroplasty (eg, Collis)
43330			889.20			Esophagomyotomy (Heller type); abdominal approach
43331			947.84			Esophagomyotomy (Heller type); thoracic approach
43340			895.52			Esophagojejunostomy (without total gastrectomy); abdominal approach
43341			974.98			Esophagojejunostomy (without total gastrectomy); thoracic approach
43350			748.96			Esophagostomy, fistulization of esophagus, external; abdominal approach
43351			888.28			Esophagostomy, fistulization of esophagus, external; thoracic approach
43352			746.67			Esophagostomy, fistulization of esophagus, external; cervical approach
43360			1600.02			Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty
43361			1782.58			Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43400			943.97			Ligation, direct, esophageal varices
43401			994.73			Transection of esophagus with repair, for esophageal varices

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43405			935.65			Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation
43410			664.58			Suture of esophageal wound or injury; cervical approach
43415			1160.73			Suture of esophageal wound or injury; transthoracic or transabdominal approach
43420			675.09			Closure of esophagostomy or fistula; cervical approach
43425			981.11			Closure of esophagostomy or fistula; transthoracic or transabdominal approach
43450	128.14	63.58				Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	245.64	68.51				Dilation of esophagus, over guide wire
43456	531.98	112.17				Dilation of esophagus, by balloon or dilator, retrograde
43458	311.07	132.61				Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia
43460			161.38			Esophagogastric tamponade, with balloon (Sengstaaken type)
43496			1453.19			Free jejunum transfer with microvascular anastomosis
43499			I.C.			Unlisted procedure, esophagus
43500			503.24			Gastrotomy; with exploration or foreign body removal
43501			889.52			Gastrotomy; with suture repair of bleeding ulcer
43502			1023.69			Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
43510			613.85			Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
43520			481.71			Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)
43600			77.95			Biopsy of stomach; by capsule, tube, peroral (one or more specimens)
43605			542.54			Biopsy of stomach; by laparotomy
43610			651.51			Excision, local; ulcer or benign tumor of stomach
43611			797.51			Excision, local; malignant tumor of stomach
43620			1311.51			Gastrectomy, total; with esophagoenterostomy
43621			1338.39			Gastrectomy, total; with Roux-en-Y reconstruction
43622			1414.66			Gastrectomy, total; with formation of intestinal pouch, any type
43631			996.32			Gastrectomy, partial, distal; with gastroduodenostomy
43632			996.32			Gastrectomy, partial, distal; with gastrojejunostomy
43633			1017.66			Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634			1104.61			Gastrectomy, partial, distal; with formation of intestinal pouch
43635			86.35			Vagotomy when performed with partial distal gastrectomy (List separately in addition to code(s) for primary procedure)
43640			762.27			Vagotomy including pyloroplasty, with or without gastrotomy; truncal or selective

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43641			772.62			Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)
43644			1214.48			Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645			1308.55			Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43651			468.65			Laparoscopy, surgical; transection of vagus nerves, truncal
43652			562.15			Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
43653			375.44			Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43659			I.C.			Unlisted laparoscopy procedure, stomach
43750			206.71			Percutaneous placement of gastrostomy tube
43752	32.18	31.52				Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
43760	101.72	47.42				Change of gastrostomy tube
43761	97.39	80.50				Repositioning of the gastric feeding tube, any method, through the duodenum for enteric nutrition
43770			768.16			Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)
43771			882.73			Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only
43772			672.21			Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only
43773			882.96			Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only
43774			675.05			Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components
43800			615.31			Pyloroplasty
43810			653.89			Gastroduodenostomy
43820			683.72			Gastrojejunostomy; without vagotomy
43825			854.71			Gastrojejunostomy; with vagotomy, any type
43830			452.59			Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43831			389.86			Gastrostomy, open; neonatal, for feeding
43832			703.32			Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)
43840			701.35			Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
43842			824.61			Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843			828.83			Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43845			1307.98			Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846			1069.82			Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847			1186.50			Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848			1292.63			Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band (separate procedure)
43850			1083.46			Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
43855			1144.54			Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy
43860			1096.86			Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865			1161.38			Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
43870			446.54			Closure of gastrostomy, surgical
43880			1083.94			Closure of gastrocolic fistula
43886			220.49			Gastric restrictive procedure, open; revision of subcutaneous port component only
43887			213.01			Gastric restrictive procedure, open; removal of subcutaneous port component only
43888			301.34			Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
43999			I.C.			Unlisted procedure, stomach
44005			720.29			Enterolysis (freeing of intestinal adhesion) (separate procedure)
44010			564.16			Duodenotomy, for exploration, biopsy(s), or foreign body removal
44015			109.63			Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44020			625.85			Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
44021			629.57			Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)
44025			637.77			Colotomy, for exploration, biopsy(s), or foreign body removal
44050			627.62			Reduction of volvulus, intussusception, internal hernia, by laparotomy
44055			963.93			Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)
44100			83.06			Biopsy of intestine by capsule, tube, peroral (one or more specimens)
44110			535.17			Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy
44111			640.02			Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies
44120			755.53			Enterectomy, resection of small intestine; single resection and anastomosis
44121			186.45			Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44125			776.91			Enterectomy, resection of small intestine; with enterostomy
44126			1556.42			Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering
44127			1785.94			Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering
44128			187.45			Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44130			649.44			Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44132			I.C.			Donor enterectomy (including cold preservation), open; from cadaver donor
44133			I.C.			Donor enterectomy (including cold preservation), open; partial, from living donor
44135			I.C.			Intestinal allotransplantation; from cadaver donor
44136			I.C.			Intestinal allotransplantation; from living donor
44137			I.C.			Removal of transplanted intestinal allograft, complete

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44139			93.28			Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44140			929.07			Colectomy, partial; with anastomosis
44141			930.07			Colectomy, partial; with skin level cecostomy or colostomy
44143			1059.41			Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144			979.24			Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44145			1163.61			Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44146			1265.56			Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
44147			918.99			Colectomy, partial; abdominal and transanal approach
44150			1129.90			Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44151			1266.93			Colectomy, total, abdominal, without proctectomy; with continent ileostomy
44152			1234.02			Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, with or without loop ileostomy
44153			1403.32			Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
44155			1286.42			Colectomy, total, abdominal, with proctectomy; with ileostomy
44156			1439.68			Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44160			825.32			Colectomy, partial, with removal of terminal ileum with ileocolostomy
44180			648.26			Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44186			458.31			Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44187			759.92			Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44188			831.98			Laparoscopy, surgical, colostomy or skin level cecostomy
44202			970.32			Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
44203			185.56			Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)
44204			1094.27			Laparoscopy, surgical; colectomy, partial, with anastomosis
44205			970.70			Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44206			1198.40			Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)
44207			1293.91			Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)
44208			1408.76			Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy
44210			1245.76			Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
44211			1549.44			Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy
44212			1438.60			Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy
44213			147.31			Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44227			1162.99			Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis
44238			I.C.			Unlisted laparoscopy procedure, intestine (except rectum)
44300			553.22			Enterostomy or cecostomy, tube (eg, for decompression or feeding) (separate procedure)
44310			708.28			Ileostomy or jejunostomy, non-tube
44312			375.17			Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44314			673.31			Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)
44316			920.53			Continent ileostomy (Kock procedure) (separate procedure)
44320			792.70			Colostomy or skin level cecostomy;
44322			650.57			Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)
44340			377.36			Revision of colostomy; simple (release of superficial scar) (separate procedure)
44345			699.70			Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346			762.83			Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44360			112.50			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44361			124.02			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44363			148.52			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body
44364			158.82			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44365			142.20			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44366			186.80			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44369			190.07			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44370			206.68			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)
44372			187.47			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44373			149.85			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
44376			222.21			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44377			232.89			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44378			298.49			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44379			317.44			Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)
44380			49.12			Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44382			58.77			Ileoscopy, through stoma; with biopsy, single or multiple
44383			128.28			Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)
44385	165.08	78.66				Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44386	283.77	92.41				Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple
44388	252.55	122.10				Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44389	312.69	134.90				Colonoscopy through stoma; with biopsy, single or multiple
44390	349.17	162.43				Colonoscopy through stoma; with removal of foreign body
44391	416.84	183.09				Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44392	331.79	162.61				Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44393	372.46	205.26				Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44394	390.32	188.03				Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44397			198.67			Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)
44500			19.56			Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)
44602			703.48			Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
44603			811.99			Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
44604			705.47			Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44605			875.44			Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy
44615			708.86			Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
44620			548.40			Closure of enterostomy, large or small intestine;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
44625			667.50			Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal
44626			1100.99			Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)
44640			946.02			Closure of intestinal cutaneous fistula
44650			985.48			Closure of enteroenteric or enterocolic fistula
44660			916.02			Closure of enterovesical fistula; without intestinal or bladder resection
44661			1066.82			Closure of enterovesical fistula; with intestine and/or bladder resection
44680			684.98			Intestinal plication (separate procedure)
44700			708.36			Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)
44701			129.35			Intraoperative colonic lavage (List separately in addition to code for primary procedure)
44715			I.C.			Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
44720			203.56			Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each
44721			295.31			Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
44799			I.C.			Unlisted procedure, intestine
44800			522.59			Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
44820			552.44			Excision of lesion of mesentery (separate procedure)
44850			494.30			Suture of mesentery (separate procedure)
44899			I.C.			Unlisted procedure, Meckel's diverticulum and the mesentery
44900			466.05			Incision and drainage of appendiceal abscess; open
44901	1024.42	135.13				Incision and drainage of appendiceal abscess; percutaneous
44950			449.42			Appendectomy;
44955			64.79			Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
44960			555.30			Appendectomy; for ruptured appendix with abscess or generalized peritonitis
44970			401.94			Laparoscopy, surgical, appendectomy
44979			I.C.			Unlisted laparoscopy procedure, appendix
45000			235.05			Transrectal drainage of pelvic abscess
45005	195.21	113.10				Incision and drainage of submucosal abscess, rectum

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
45020			251.53			Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess
45100			190.10			Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45108			236.98			Anorectal myomectomy
45110			1261.96			Proctectomy; complete, combined abdominoperineal, with colostomy
45111			740.33			Proctectomy; partial resection of rectum, transabdominal approach
45112			1312.50			Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
45113			1342.77			Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
45114			1192.45			Proctectomy, partial, with anastomosis; abdominal and transsacral approach
45116			1077.57			Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)
45119			1342.43			Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed
45120			1081.88			Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)
45121			1189.83			Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies
45123			731.46			Proctectomy, partial, without anastomosis, perineal approach
45126			1984.86			Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof
45130			719.93			Excision of rectal procidentia, with anastomosis; perineal approach
45135			865.58			Excision of rectal procidentia, with anastomosis; abdominal and perineal approach
45136			1234.42			Excision of ileoanal reservoir with ileostomy
45150			268.96			Division of stricture of rectum
45160			682.21			Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
45170			522.14			Excision of rectal tumor, transanal approach
45190			448.44			Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
45300	62.09	20.70				Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45303	633.44	24.25				Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)
45305	117.88	47.03				Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	129.18	44.42				Proctosigmoidoscopy, rigid; with removal of foreign body
45308	91.25	39.60				Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	154.03	88.48				Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45315	137.21	63.04				Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	125.74	66.81				Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	144.08	70.91				Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
45321			53.90			Proctosigmoidoscopy, rigid; with decompression of volvulus
45327			72.19			Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)
45330	103.90	44.97				Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45331	135.88	53.44				Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	219.10	79.71				Sigmoidoscopy, flexible; with removal of foreign body
45333	214.57	79.49				Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334			117.93			Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45335	149.56	65.80				Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337			103.26			Sigmoidoscopy, flexible; with decompression of volvulus, any method
45338	242.30	102.26				Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45339	207.79	135.28				Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
45340	260.71	83.25				Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures
45341			111.78			Sigmoidoscopy, flexible; with endoscopic ultrasound examination
45342			170.02			Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45345			124.53			Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
45355			151.09			Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	313.00	157.72				Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	392.79	198.78				Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
45380	369.40	188.30				Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45381	358.98	177.54				Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance
45382	496.79	239.21				Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45383	436.14	247.09				Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	364.37	199.16				Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	415.29	223.93				Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	547.34	194.73				Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures
45387			251.84			Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)
45391			216.12			Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination
45392			273.21			Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
45395			1380.83			Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
45397			1498.32			Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed
45400			805.99			Laparoscopy, surgical; proctopexy (for prolapse)
45402			1088.77			Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection
45499			I.C.			Unlisted laparoscopy procedure, rectum
45500			335.89			Proctoplasty; for stenosis
45505			356.99			Proctoplasty; for prolapse of mucous membrane
45520	70.67	28.62				Perirectal injection of sclerosing solution for prolapse
45540			717.33			Proctopexy (eg, for prolapse); abdominal approach
45541			603.10			Proctopexy (eg, for prolapse); perineal approach
45550			1001.39			Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach
45560			485.69			Repair of rectocele (separate procedure)
45562			698.71			Exploration, repair, and presacral drainage for rectal injury;
45563			1068.16			Exploration, repair, and presacral drainage for rectal injury; with colostomy
45800			779.73			Closure of rectovesical fistula;
45805			936.21			Closure of rectovesical fistula; with colostomy
45820			799.99			Closure of rectourethral fistula;
45825			966.00			Closure of rectourethral fistula; with colostomy
45900			128.76			Reduction of procidentia (separate procedure) under anesthesia
45905			117.18			Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910			139.33			Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	237.16	163.33				Removal of fecal impaction or foreign body (separate procedure) under anesthesia
45990			79.88			Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
45999			I.C.			Unlisted procedure, rectum
46020	164.84	148.95				Placement of seton
46030	81.94	60.75				Removal of anal seton, other marker
46040	333.59	270.02				Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045			227.64			Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
46050	120.56	63.95				Incision and drainage, perianal abscess, superficial
46060			280.13			Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46070			144.14			Incision, anal septum (infant)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
46080	154.24	113.19				Sphincterotomy, anal, division of sphincter (separate procedure)
46083	125.95	72.64				Incision of thrombosed hemorrhoid, external
46200	231.10	198.32				Fissurectomy, with or without sphincterotomy
46210	250.50	168.06				Cryptectomy; single
46211	307.78	244.55				Cryptectomy; multiple (separate procedure)
46220	123.22	78.52				Papillectomy or excision of single tag, anus (separate procedure)
46221	149.46	119.66				Hemorrhoidectomy, by simple ligature (eg, rubber band)
46230	179.96	120.70				Excision of external hemorrhoid tags and/or multiple papillae
46250	294.49	205.10				Hemorrhoidectomy, external, complete
46255	333.97	234.31				Hemorrhoidectomy, internal and external, simple;
46257			259.16			Hemorrhoidectomy, internal and external, simple; with fissurectomy
46258			282.45			Hemorrhoidectomy, internal and external, simple; with fistulectomy, with or without fissurectomy
46260			299.02			Hemorrhoidectomy, internal and external, complex or extensive;
46261			333.28			Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy
46262			350.13			Hemorrhoidectomy, internal and external, complex or extensive; with fistulectomy, with or without fissurectomy
46270	278.73	207.22				Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	291.45	236.49				Surgical treatment of anal fistula (fistulectomy/fistulotomy); submuscular
46280			288.28			Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple, with or without placement of seton
46285	247.82	214.05				Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46288			336.99			Closure of anal fistula with rectal advancement flap
46320	119.20	76.82				Enucleation or excision of external thrombotic hemorrhoid
46500	118.42	86.31				Injection of sclerosing solution, hemorrhoids
46505	183.43	147.67				Chemodenervation of internal anal sphincter
46600	66.63	26.24				Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
46604	341.96	59.54				Anoscopy; with dilation (eg, balloon, guide wire, bougie)
46606	149.96	38.72				Anoscopy; with biopsy, single or multiple
46608	191.47	66.98				Anoscopy; with removal of foreign body
46610	173.72	60.16				Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
46611	165.03	80.28				Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique
46612	243.33	103.61				Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46614	137.36	88.03				Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
46615	164.15	117.14				Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
46700			413.36			Anoplasty, plastic operation for stricture; adult
46705			333.63			Anoplasty, plastic operation for stricture; infant
46706			113.94			Repair of anal fistula with fibrin glue
46710			731.87			Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach
46712			1524.14			Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach
46715			338.53			Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
46716			717.29			Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
46730			1194.77			Repair of high imperforate anus without fistula; perineal or sacroperineal approach
46735			1412.04			Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches
46740			1323.84			Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
46742			1639.94			Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches
46744			2301.13			Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach
46746			2618.76			Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;
46748			2637.79			Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps
46750			475.87			Sphincteroplasty, anal, for incontinence or prolapse; adult
46751			443.77			Sphincteroplasty, anal, for incontinence or prolapse; child
46753			378.14			Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754	184.46	120.56				Removal of Thiersch wire or suture, anal canal

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
46760			670.30			Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761			614.60			Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
46762			562.78			Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter
46900	142.53	98.82				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46910	152.18	90.93				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46916	158.67	100.07				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
46917	359.23	93.37				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
46922	165.10	91.94				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46924	370.74	127.06				Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
46934	272.42	202.23				Destruction of hemorrhoids, any method; internal
46935	187.43	112.60				Destruction of hemorrhoids, any method; external
46936	271.24	192.44				Destruction of hemorrhoids, any method; internal and external
46937	169.77	118.13				Cryosurgery of rectal tumor; benign
46938	274.38	243.26				Cryosurgery of rectal tumor; malignant
46940	135.71	105.58				Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
46942	121.75	94.60				Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
46945	163.55	137.39				Ligation of internal hemorrhoids; single procedure
46946	201.09	157.06				Ligation of internal hemorrhoids; multiple procedures
46947			251.06			Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
46999			I.C.			Unlisted procedure, anus
47000	157.35	76.24				Biopsy of liver, needle; percutaneous
47001			79.81			Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
47010			762.19			Hepatotomy; for open drainage of abscess or cyst, one or two stages
47011			147.32			Hepatotomy; for percutaneous drainage of abscess or cyst, one or two stages

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
47015			707.78			Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)
47100			557.66			Biopsy of liver, wedge
47120			1589.85			Hepatectomy, resection of liver; partial lobectomy
47122			2399.53			Hepatectomy, resection of liver; trisegmentectomy
47125			2154.28			Hepatectomy, resection of liver; total left lobectomy
47130			2328.68			Hepatectomy, resection of liver; total right lobectomy
47133			I.C.			Donor hepatectomy (including cold preservation), from cadaver donor
47135			3525.71			Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47136			2984.93			Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age
47140			2378.15			Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
47141			2878.18			Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
47142			3170.98			Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)
47143			I.C.			Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
47144			I.C.			Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into two partial liver grafts (ie, left lateral segment (segments II and III) and right trisegment (segments I and IV through VIII))
47145			I.C.			Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into two partial liver grafts (ie, left lobe (segments II, III, and IV) and right lobe (segments I and V through VIII))
47146			253.19			Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
47147			295.31			Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each
47300			701.70			Marsupialization of cyst or abscess of liver
47350			893.73			Management of liver hemorrhage; simple suture of liver wound or injury
47360			1204.98			Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation
47361			2050.32			Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver
47362			857.86			Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing
47370			872.17			Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency
47371			873.62			Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical
47379			I.C.			Unlisted laparoscopic procedure, liver
47380			1011.62			Ablation, open, of one or more liver tumor(s); radiofrequency
47381			1026.28			Ablation, open, of one or more liver tumor(s); cryosurgical
47382			643.82			Ablation, one or more liver tumor(s), percutaneous, radiofrequency
47399			I.C.			Unlisted procedure, liver
47400			1414.36			Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus
47420			899.86			Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty
47425			899.91			Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty
47460			826.18			Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)
47480			527.32			Cholecystotomy or cholecystostomy with exploration, drainage, or removal of calculus (separate procedure)
47490			394.60			Percutaneous cholecystostomy
47500			78.23			Injection procedure for percutaneous transhepatic cholangiography
47505			30.25			Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)
47510			393.37			Introduction of percutaneous transhepatic catheter for biliary drainage

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
47511			473.04			Introduction of percutaneous transhepatic stent for internal and external biliary drainage
47525	661.95	254.06				Change of percutaneous biliary drainage catheter
47530	1291.95	293.40				Revision and/or reinsertion of transhepatic tube
47550			126.48			Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)
47552			255.43			Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure)
47553			252.64			Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
47554			383.72			Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi
47555			301.23			Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent
47556			340.68			Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent
47560			205.18			Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy
47561			221.73			Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy
47562			504.91			Laparoscopy, surgical; cholecystectomy
47563			541.76			Laparoscopy, surgical; cholecystectomy with cholangiography
47564			633.51			Laparoscopy, surgical; cholecystectomy with exploration of common duct
47570			563.40			Laparoscopy, surgical; cholecystoenterostomy
47579			I.C.			Unlisted laparoscopy procedure, biliary tract
47600			619.43			Cholecystectomy;
47605			665.82			Cholecystectomy; with cholangiography
47610			839.52			Cholecystectomy with exploration of common duct;
47612			836.53			Cholecystectomy with exploration of common duct; with choledchoenterostomy
47620			915.12			Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
47630			428.82			Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)
47700			724.43			Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography
47701			1233.07			Portoenterostomy (eg, Kasai procedure)
47711			1035.03			Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
47712			1336.91			Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic
47715			855.52			Excision of choledochal cyst
47716			762.54			Anastomosis, choledochal cyst, without excision
47720			735.35			Cholecystoenterostomy; direct
47721			869.59			Cholecystoenterostomy; with gastroenterostomy
47740			843.09			Cholecystoenterostomy; Roux-en-Y
47741			962.05			Cholecystoenterostomy; Roux-en-Y with gastroenterostomy
47760			1151.71			Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract
47765			1120.46			Anastomosis, of intrahepatic ducts and gastrointestinal tract
47780			1183.44			Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
47785			1383.01			Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract
47800			1047.49			Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis
47801			716.28			Placement of choledochal stent
47802			981.12			U-tube hepaticoenterostomy
47900			904.17			Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)
47999			I.C.			Unlisted procedure, biliary tract
48000			1236.46			Placement of drains, peripancreatic, for acute pancreatitis;
48001			1546.75			Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy
48005			1841.16			Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis
48020			724.35			Removal of pancreatic calculus
48100			560.30			Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
48102	399.65	200.34				Biopsy of pancreas, percutaneous needle
48120			712.94			Excision of lesion of pancreas (eg, cyst, adenoma)
48140			1019.17			Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
48145			1061.81			Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy
48146			1206.49			Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
48148			783.29			Excision of ampulla of Vater
48150			2117.25			Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
48152			1944.37			Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy
48153			2115.30			Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy
48154			1955.97			Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy
48155			1141.94			Pancreatectomy, total
48160			I.C.			Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
48180			1094.39			Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)
48400			78.63			Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)
48500			711.46			Marsupialization of pancreatic cyst
48510			683.72			External drainage, pseudocyst of pancreas; open
48511	809.65	159.40				External drainage, pseudocyst of pancreas; percutaneous
48520			699.87			Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct
48540			873.12			Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y
48545			820.96			Pancreatorrhaphy for injury
48547			1139.23			Duodenal exclusion with gastrojejunostomy for pancreatic injury
48550			I.C.			Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
48551			I.C.			Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
48552			174.53			Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
48554			1645.73			Transplantation of pancreatic allograft
48556			7.49			Removal of transplanted pancreatic allograft
48999			I.C.			Unlisted procedure, pancreas
49000			535.86			Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
49002			487.25			Reopening of recent laparotomy
49010			569.49			Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
49020			1034.22			Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open
49021	796.85	134.69				Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous
49040			625.13			Drainage of subdiaphragmatic or subphrenic abscess; open
49041	763.96	159.40				Drainage of subdiaphragmatic or subphrenic abscess; percutaneous
49060			724.58			Drainage of retroperitoneal abscess; open
49061	758.83	147.32				Drainage of retroperitoneal abscess; percutaneous
49062			525.73			Drainage of extraperitoneal lymphocele to peritoneal cavity, open
49080	171.33	54.46				Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial
49081	122.71	51.19				Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent
49085			554.83			Removal of peritoneal foreign body from peritoneal cavity
49180	153.18	69.09				Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49200			478.01			Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas;
49201			685.96			Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas; extensive
49215			1491.69			Excision of presacral or sacrococcygeal tumor
49220			674.05			Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)
49250			396.85			Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
49255			526.48			Omentectomy, epiploectomy, resection of omentum (separate procedure)
49320			243.12			Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321			252.89			Laparoscopy, surgical; with biopsy (single or multiple)
49322			273.02			Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49323			438.49			Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
49329			I.C.			Unlisted laparoscopy procedure, abdomen, peritoneum and omentum

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
49400	157.47	76.02				Injection of air or contrast into peritoneal cavity (separate procedure)
49419			320.48			Insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir, permanent (ie, totally implantable)
49420			102.36			Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary
49421			274.56			Insertion of intraperitoneal cannula or catheter for drainage or dialysis; permanent
49422			287.65			Removal of permanent intraperitoneal cannula or catheter
49423	509.66	59.72				Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)
49424	145.14	31.57				Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
49425			534.99			Insertion of peritoneal-venous shunt
49426			453.38			Revision of peritoneal-venous shunt
49427			36.18			Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
49428			315.82			Ligation of peritoneal-venous shunt
49429			341.35			Removal of peritoneal-venous shunt
49491			506.99			Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible
49492			631.47			Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated
49495			277.64			Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; reducible
49496			409.16			Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated
49500			270.90			Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible
49501			410.46			Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; incarcerated or strangulated
49505			357.72			Repair initial inguinal hernia, age 5 years or over; reducible
49507			441.23			Repair initial inguinal hernia, age 5 years or over; incarcerated or strangulated

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
49520			442.46			Repair recurrent inguinal hernia, any age; reducible
49521			540.83			Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525			397.78			Repair inguinal hernia, sliding, any age
49540			475.53			Repair lumbar hernia
49550			401.32			Repair initial femoral hernia, any age; reducible
49553			435.63			Repair initial femoral hernia, any age; incarcerated or strangulated
49555			418.40			Repair recurrent femoral hernia; reducible
49557			506.80			Repair recurrent femoral hernia; incarcerated or strangulated
49560			524.86			Repair initial incisional or ventral hernia; reducible
49561			637.71			Repair initial incisional or ventral hernia; incarcerated or strangulated
49565			527.51			Repair recurrent incisional or ventral hernia; reducible
49566			644.63			Repair recurrent incisional or ventral hernia; incarcerated or strangulated
49568			204.96			Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)
49570			279.27			Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
49572			320.96			Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated
49580			211.88			Repair umbilical hernia, under age 5 years; reducible
49582			318.74			Repair umbilical hernia, under age 5 years; incarcerated or strangulated
49585			300.12			Repair umbilical hernia, age 5 years or over; reducible
49587			355.38			Repair umbilical hernia, age 5 years or over; incarcerated or strangulated
49590			397.28			Repair spigelian hernia
49600			509.75			Repair of small omphalocele, with primary closure
49605			3260.48			Repair of large omphalocele or gastroschisis; with or without prosthesis
49606			824.80			Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
49610			487.09			Repair of omphalocele (Gross type operation); first stage
49611			495.99			Repair of omphalocele (Gross type operation); second stage
49650			300.38			Laparoscopy, surgical; repair initial inguinal hernia
49651			387.86			Laparoscopy, surgical; repair recurrent inguinal hernia
49659			I.C.			Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
49900			582.88			Suture, secondary, of abdominal wall for evisceration or dehiscence

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
49904			1118.97			Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)
49905			274.32			Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
49906			I.C.			Free omental flap with microvascular anastomosis
49999			I.C.			Unlisted procedure, abdomen, peritoneum and omentum
50010			497.93			Renal exploration, not necessitating other specific procedures
50020			692.93			Drainage of perirenal or renal abscess; open
50021	816.72	134.35				Drainage of perirenal or renal abscess; percutaneous
50040			662.63			Nephrostomy, nephrotomy with drainage
50045			674.80			Nephrotomy, with exploration
50060			824.42			Nephrolithotomy; removal of calculus
50065			812.95			Nephrolithotomy; secondary surgical operation for calculus
50070			867.41			Nephrolithotomy; complicated by congenital kidney abnormality
50075			1070.36			Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anastrophic pyelolithotomy)
50080			638.92			Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081			928.90			Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50100			750.04			Transection or repositioning of aberrant renal vessels (separate procedure)
50120			692.23			Pyelotomy; with exploration
50125			720.70			Pyelotomy; with drainage, pyelostomy
50130			743.69			Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)
50135			818.77			Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)
50200			119.23			Renal biopsy; percutaneous, by trocar or needle
50205			508.42			Renal biopsy; by surgical exposure of kidney
50220			745.04			Nephrectomy, including partial ureterectomy, any open approach including rib resection;
50225			863.94			Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney
50230			930.32			Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy
50234			948.98			Nephrectomy with total ureterectomy and bladder cuff; through same incision

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50236			1067.74			Nephrectomy with total ureterectomy and bladder cuff; through separate incision
50240			942.95			Nephrectomy, partial
50250			888.87			Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed
50280			682.48			Excision or unroofing of cyst(s) of kidney
50290			653.73			Excision of perinephric cyst
50300			I.C.			Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
50320			1021.33			Donor nephrectomy (including cold preservation); open, from living donor
50323			I.C.			Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50325			I.C.			Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50327			162.12			Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each
50328			141.95			Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each
50329			135.64			Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each
50340			588.89			Recipient nephrectomy (separate procedure)
50360			1471.86			Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365			1722.05			Renal allotransplantation, implantation of graft; with recipient nephrectomy
50370			654.39			Removal of transplanted renal allograft
50380			1029.84			Renal autotransplantation, reimplantation of kidney
50382	1359.32	222.05				Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50384	1314.99	202.22				Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50387	662.71	80.33				Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation
50389	455.20	44.32				Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
50390			78.23			Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
50391	109.80	78.35				Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)
50392			148.26			Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous
50393			179.95			Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous
50394	111.26	44.05				Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50395			147.82			Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous
50396			96.63			Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50398	584.16	59.72				Change of nephrostomy or pyelostomy tube
50400			832.07			Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple
50405			1002.01			Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calyccoplasty)
50500			865.01			Nephrorrhaphy, suture of kidney wound or injury
50520			756.69			Closure of nephrocutaneous or pyelocutaneous fistula
50525			956.38			Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
50526			1036.02			Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach
50540			858.45			Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation)
50541			683.67			Laparoscopy, surgical; ablation of renal cysts
50542			854.77			Laparoscopy, surgical; ablation of renal mass lesion(s)
50543			1084.73			Laparoscopy, surgical; partial nephrectomy
50544			938.49			Laparoscopy, surgical; pyeloplasty

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50545			1007.46			Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
50546			879.73			Laparoscopy, surgical; nephrectomy, including partial ureterectomy
50547			1136.37			Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
50548			1018.67			Laparoscopy, surgical; nephrectomy with total ureterectomy
50549			I.C.			Unlisted laparoscopy procedure, renal
50551	301.38	229.53				Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50553	319.25	246.75				Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50555	350.47	268.36				Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50557	345.80	269.98				Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50561	390.82	310.04				Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50562			461.65			Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor
50570			386.12			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50572			421.72			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50574			446.45			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50575			562.93			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)
50576			443.20			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50580			478.37			Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50590	677.90	402.77				Lithotripsy, extracorporeal shock wave
50592	5144.87	295.81				Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency
50600			685.19			Ureterotomy with exploration or drainage (separate procedure)
50605			684.14			Ureterotomy for insertion of indwelling stent, all types
50610			704.06			Ureterolithotomy; upper one-third of ureter
50620			654.06			Ureterolithotomy; middle one-third of ureter
50630			646.42			Ureterolithotomy; lower one-third of ureter
50650			749.23			Ureterectomy, with bladder cuff (separate procedure)
50660			836.11			Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach
50684	187.08	37.76				Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter
50686	158.56	71.49				Manometric studies through ureterostomy or indwelling ureteral catheter
50688			69.11			Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit
50690	94.32	57.57				Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service
50700			685.76			Ureteroplasty, plastic operation on ureter (eg, stricture)
50715			861.04			Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
50722			754.33			Ureterolysis for ovarian vein syndrome
50725			812.83			Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava
50727			381.94			Revision of urinary-cutaneous anastomosis (any type urostomy);
50728			539.59			Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia
50740			810.48			Ureteropyelostomy, anastomosis of ureter and renal pelvis

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50750			835.99			Ureterocalycostomy, anastomosis of ureter to renal calyx
50760			799.31			Ureteroureterostomy
50770			837.23			Transureteroureterostomy, anastomosis of ureter to contralateral ureter
50780			793.77			Ureteroneocystostomy; anastomosis of single ureter to bladder
50782			868.13			Ureteroneocystostomy; anastomosis of duplicated ureter to bladder
50783			885.89			Ureteroneocystostomy; with extensive ureteral tailoring
50785			875.83			Ureteroneocystostomy; with vesico-psoas hitch or bladder flap
50800			643.31			Ureteroenterostomy, direct anastomosis of ureter to intestine
50810			908.55			Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
50815			866.45			Ureterocolon conduit, including intestine anastomosis
50820			935.27			Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)
50825			1195.89			Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)
50830			1323.07			Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
50840			866.16			Replacement of all or part of ureter by intestine segment, including intestine anastomosis
50845			908.98			Cutaneous appendico-vesicostomy
50860			673.81			Ureterostomy, transplantation of ureter to skin
50900			606.30			Ureterorrhaphy, suture of ureter (separate procedure)
50920			637.32			Closure of ureterocutaneous fistula
50930			811.18			Closure of ureterovisceral fistula (including visceral repair)
50940			642.28			Deligation of ureter
50945			734.48			Laparoscopy, surgical; ureterolithotomy
50947			1048.18			Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
50948			949.58			Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement
50949			I.C.			Unlisted laparoscopy procedure, ureter
50951	313.22	239.06				Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
50953	328.41	260.87				Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50955	410.55	286.72				Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50957	350.08	277.57				Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50961	321.37	249.19				Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50970			291.15			Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50972			283.55			Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50974			371.32			Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50976			366.84			Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50980			279.23			Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
51000	87.31	30.70				Aspiration of bladder by needle
51005	186.47	41.78				Aspiration of bladder; by trocar or intracatheter
51010	289.96	166.13				Aspiration of bladder; with insertion of suprapubic catheter
51020			324.13			Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51030			332.23			Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
51040			220.40			Cystostomy, cystotomy with drainage
51045			329.23			Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
51050			323.45			Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
51060			408.35			Transvesical ureterolithotomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
51065			403.61			Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
51080			292.17			Drainage of perivesical or prevesical space abscess
51500			469.59			Excision of urachal cyst or sinus, with or without umbilical hernia repair
51520			427.75			Cystotomy; for simple excision of vesical neck (separate procedure)
51525			612.32			Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)
51530			556.99			Cystotomy; for excision of bladder tumor
51535			578.21			Cystotomy for excision, incision, or repair of ureterocele
51550			686.22			Cystectomy, partial; simple
51555			913.15			Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)
51565			932.55			Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51570			1032.55			Cystectomy, complete; (separate procedure)
51575			1290.38			Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51580			1325.20			Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;
51585			1485.73			Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51590			1373.66			Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
51595			1555.12			Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51596			1661.57			Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder
51597			1616.78			Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
51600	193.28	35.35				Injection procedure for cystography or voiding urethrocystography
51605	219.61	30.23				Injection procedure and placement of chain for contrast and/or chain urethrocystography
51610	106.50	50.55				Injection procedure for retrograde urethrocystography
51700	78.72	35.02				Bladder irrigation, simple, lavage and/or instillation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
51701	67.07	21.05				Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51702	83.96	22.71				Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
51703	133.72	61.55				Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
51705	105.34	50.05				Change of cystostomy tube; simple
51710	154.37	69.28				Change of cystostomy tube; complicated
51715	239.39	154.63				Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51720	115.43	80.33				Bladder instillation of anticarcinogenic agent (including detention time)
51725			230.87	60.79	170.08	Simple cystometrogram (CMG) (eg, spinal manometer)
51726			300.43	68.87	231.55	Complex cystometrogram (eg, calibrated electronic equipment)
51736			37.46	24.66	12.81	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)
51741			60.23	45.88	14.35	Complex uroflowmetry (eg, calibrated electronic equipment)
51772			234.20	66.22	167.99	Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique
51784			178.12	61.67	116.44	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51785			193.12	61.45	131.67	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
51792			233.97	45.65	188.32	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)
51795			289.38	61.67	227.71	Voiding pressure studies (VP); bladder voiding pressure, any technique
51797			240.21	64.61	175.60	Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)
51798			13.05			Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging
51800			762.78			Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck
51820			809.07			Cystourethroplasty with unilateral or bilateral ureteroneocystostomy
51840			504.94			Anterior vesicourethropepy, or urethropepy (eg, Marshall-Marchetti-Krantz, Burch); simple
51841			600.13			Anterior vesicourethropepy, or urethropepy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)
51845			444.51			Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
51860			549.80			Cystorrhaphy, suture of bladder wound, injury or rupture; simple
51865			665.58			Cystorrhaphy, suture of bladder wound, injury or rupture; complicated
51880			359.39			Closure of cystostomy (separate procedure)
51900			587.53			Closure of vesicovaginal fistula, abdominal approach
51920			540.45			Closure of vesicouterine fistula;
51925			762.71			Closure of vesicouterine fistula; with hysterectomy
51940			1236.18			Closure, exstrophy of bladder
51960			993.61			Enterocystoplasty, including intestinal anastomosis
51980			512.19			Cutaneous vesicostomy
51990			581.18			Laparoscopy, surgical; urethral suspension for stress incontinence
51992			625.49			Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)
51999			I.C.			Unlisted laparoscopy procedure, bladder
52000	168.47	84.04				Cystourethroscopy (separate procedure)
52001	327.79	221.51				Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52005	254.28	99.00				Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
52007	634.63	126.75				Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
52010	445.36	126.53				Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service
52204	551.26	99.33				Cystourethroscopy, with biopsy
52214	1373.50	152.46				Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	1302.45	130.08				Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
52234			190.47			Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235			223.83			Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240			394.32			Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
52250			186.31			Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
52260			161.72			Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
52265	529.45	123.21				Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
52270	464.73	139.61				Cystourethroscopy, with internal urethrotomy; female
52275	653.94	192.41				Cystourethroscopy, with internal urethrotomy; male
52276			205.48			Cystourethroscopy with direct vision internal urethrotomy
52277			254.51			Cystourethroscopy, with resection of external sphincter (sphincterotomy)
52281	317.53	117.89				Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
52282			261.45			Cystourethroscopy, with insertion of urethral stent
52283	240.04	154.95				Cystourethroscopy, with steroid injection into stricture
52285	238.75	149.69				Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone
52290			188.81			Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
52300			218.73			Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
52301			228.71			Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
52305			217.07			Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple
52310	238.02	116.51				Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	440.20	213.41				Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	1157.64	272.65				Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318			371.77			Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
52320			191.42			Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
52325			250.60			Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
52327	1208.09	212.19				Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
52330	1436.46	205.82				Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
52332	273.89	117.95				Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52334			199.12			Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
52341			249.25			Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52342			268.09			Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52343			296.57			Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52344			318.28			Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52345			338.11			Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52346			379.17			Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52351			242.60			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352			284.59			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353			328.20			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52354			303.65			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52355			362.72			Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
52400			407.22			Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
52402			211.39			Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
52450			345.53			Transurethral incision of prostate
52500			378.17			Transurethral resection of bladder neck (separate procedure)
52510			300.13			Transurethral balloon dilation of the prostatic urethra

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
52601			531.16			Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52606			355.81			Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time
52612			357.39			Transurethral resection of prostate; first stage of two-stage resection (partial resection)
52614			311.07			Transurethral resection of prostate; second stage of two-stage resection (resection completed)
52620			292.55			Transurethral resection; of residual obstructive tissue after 90 days postoperative
52630			318.43			Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative
52640			292.17			Transurethral resection; of postoperative bladder neck contracture
52647	2758.08	453.41				Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
52648			486.93			Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
52700			304.67			Transurethral drainage of prostatic abscess
53000			117.80			Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010			202.72			Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
53020	151.65	74.18				Meatotomy, cutting of meatus (separate procedure); except infant
53025	156.95	50.01				Meatotomy, cutting of meatus (separate procedure); infant
53040			301.18			Drainage of deep periurethral abscess
53060	148.40	124.57				Drainage of Skene's gland abscess or cyst
53080			383.46			Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
53085			550.52			Drainage of perineal urinary extravasation; complicated
53200	120.01	108.75				Biopsy of urethra
53210			561.65			Urethrectomy, total, including cystostomy; female
53215			675.98			Urethrectomy, total, including cystostomy; male
53220			327.98			Excision or fulguration of carcinoma of urethra
53230			438.02			Excision of urethral diverticulum (separate procedure); female

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
53235			459.33			Excision of urethral diverticulum (separate procedure); male
53240			307.11			Marsupialization of urethral diverticulum, male or female
53250			283.30			Excision of bulbourethral gland (Cowper's gland)
53260	162.73	135.25				Excision or fulguration; urethral polyp(s), distal urethra
53265	181.95	138.91				Excision or fulguration; urethral caruncle
53270	165.58	143.40				Excision or fulguration; Skene's glands
53275			207.34			Excision or fulguration; urethral prolapse
53400			575.51			Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)
53405			635.22			Urethroplasty; second stage (formation of urethra), including urinary diversion
53410			715.41			Urethroplasty, one-stage reconstruction of male anterior urethra
53415			811.47			Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra
53420			619.99			Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425			696.36			Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430			710.43			Urethroplasty, reconstruction of female urethra
53431			849.52			Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
53440			596.97			Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53442			519.11			Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
53444			587.11			Insertion of tandem cuff (dual cuff)
53445			646.60			Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446			472.42			Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447			608.04			Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
53448			919.58			Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue
53449			440.55			Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53450			288.88			Urethromeatoplasty, with mucosal advancement
53460			330.87			Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
53500			564.14			Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)
53502			357.31			Urethrorrhaphy, suture of urethral wound or injury, female
53505			351.54			Urethrorrhaphy, suture of urethral wound or injury; penile
53510			467.56			Urethrorrhaphy, suture of urethral wound or injury; perineal
53515			588.74			Urethrorrhaphy, suture of urethral wound or injury; prostaticmembranous
53520			402.42			Closure of urethrostomy or urethrocuteaneous fistula, male (separate procedure)
53600	73.31	49.81				Dilation of urethral stricture by passage of sound or urethral dilator, male; initial
53601	70.79	41.00				Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent
53605			51.09			Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53620	113.61	66.92				Dilation of urethral stricture by passage of filiform and follower, male; initial
53621	108.54	55.90				Dilation of urethral stricture by passage of filiform and follower, male; subsequent
53660	64.18	31.07				Dilation of female urethra including suppository and/or instillation; initial
53661	64.13	30.69				Dilation of female urethra including suppository and/or instillation; subsequent
53665			30.70			Dilation of female urethra, general or conduction (spinal) anesthesia
53850	3399.91	407.57				Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	3237.03	434.41				Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53853	1990.84	248.01				Transurethral destruction of prostate tissue; by water-induced thermotherapy
53899			I.C.			Unlisted procedure, urinary system
54000	141.85	75.96				Slitting of prepuce, dorsal or lateral (separate procedure); newborn
54001	169.71	100.84				Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
54015			240.52			Incision and drainage of penis, deep
54050	91.14	70.28				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54055	87.60	62.11				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54056	91.68	73.14				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54057	109.90	63.88				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	159.40	91.53				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54065	157.43	110.75				Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
54100	147.96	82.08				Biopsy of penis; (separate procedure)
54105	244.42	166.61				Biopsy of penis; deep structures
54110			454.09			Excision of penile plaque (Peyronie disease);
54111			588.63			Excision of penile plaque (Peyronie disease); with graft to 5 cm in length
54112			689.60			Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length
54115	324.92	294.46				Removal foreign body from deep penile tissue (eg, plastic implant)
54120			446.39			Amputation of penis; partial
54125			589.29			Amputation of penis; complete
54130			862.89			Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy
54135			1109.16			Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
54150	198.13	76.95				Circumcision, using clamp or other device; newborn
54152			108.05			Circumcision, using clamp or other device; except newborn
54160	210.43	109.12				Circumcision, surgical excision other than clamp, device or dorsal slit; newborn
54161			147.48			Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn
54162	242.18	135.57				Lysis or excision of penile post-circumcision adhesions
54163			154.45			Repair incomplete circumcision
54164			134.28			Frenulotomy of penis
54200	90.78	63.30				Injection procedure for Peyronie disease;
54205			387.46			Injection procedure for Peyronie disease; with surgical exposure of plaque
54220	198.39	102.37				Irrigation of corpora cavernosa for priapism
54230	74.93	60.03				Injection procedure for corpora cavernosography
54231	105.51	88.96				Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54235	66.58	54.00				Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
54240			74.24	53.03	21.21	Penile plethysmography
54250			95.72	88.66	7.07	Nocturnal penile tumescence and/or rigidity test
54300			489.90			Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304			575.43			Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
54308			543.98			Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312			635.30			Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm
54316			756.26			Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
54318			534.60			Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54322			595.05			One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324			741.16			One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap)
54326			718.16			One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
54328			695.76			One stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
54332			756.19			One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54336			945.54			One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54340			427.79			Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344			732.91			Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54348			779.10			Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
54352			1105.96			Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
54360			549.07			Plastic operation on penis to correct angulation
54380			604.96			Plastic operation on penis for epispadias distal to external sphincter;
54385			719.30			Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54390			945.16			Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
54400			407.39			Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401			490.92			Insertion of penile prosthesis; inflatable (self-contained)
54405			589.49			Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406			534.04			Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408			563.23			Repair of component(s) of a multi-component, inflatable penile prosthesis
54410			673.43			Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54411			701.88			Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54415			379.17			Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416			496.26			Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54417			619.97			Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54420			519.03			Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54430			466.23			Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral
54435			298.92			Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54440			I.C.			Plastic operation of penis for injury
54450	64.30	47.42				Foreskin manipulation including lysis of preputial adhesions and stretching
54500	58.76	57.11				Biopsy of testis, needle (separate procedure)
54505			165.29			Biopsy of testis, incisional (separate procedure)
54512			389.41			Excision of extraparenchymal lesion of testis
54520			248.33			Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54522			444.35			Orchiectomy, partial
54530			392.82			Orchiectomy, radical, for tumor; inguinal approach
54535			541.69			Orchiectomy, radical, for tumor; with abdominal exploration
54550			354.83			Exploration for undescended testis (inguinal or scrotal area)
54560			499.10			Exploration for undescended testis with abdominal exploration
54600			323.08			Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620			224.68			Fixation of contralateral testis (separate procedure)
54640			328.79			Orchiopexy, inguinal approach, with or without hernia repair
54650			522.08			Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
54660			250.61			Insertion of testicular prosthesis (separate procedure)
54670			305.21			Suture or repair of testicular injury
54680			580.18			Transplantation of testis(es) to thigh (because of scrotal destruction)
54690			489.79			Laparoscopy, surgical; orchiectomy
54692			565.86			Laparoscopy, surgical; orchiopexy for intra-abdominal testis
54699			I.C.			Unlisted laparoscopy procedure, testis
54700			165.34			Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
54800	100.89	99.56				Biopsy of epididymis, needle
54820			248.56			Exploration of epididymis, with or without biopsy
54830			258.09			Excision of local lesion of epididymis
54840			244.26			Excision of spermatocele, with or without epididymectomy
54860			294.66			Epididymectomy; unilateral
54861			403.34			Epididymectomy; bilateral
54900			578.36			Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
54901			786.75			Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55000	110.65	63.64				Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
55040			254.01			Excision of hydrocele; unilateral
55041			359.25			Excision of hydrocele; bilateral
55060			265.08			Repair of tunica vaginalis hydrocele (Bottle type)
55100	184.72	114.53				Drainage of scrotal wall abscess
55110			271.05			Scrotal exploration
55120			247.28			Removal of foreign body in scrotum
55150			339.63			Resection of scrotum
55175			252.98			Scrotoplasty; simple
55180			494.68			Scrotoplasty; complicated
55200	533.59	203.49				Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55250	635.19	226.55				Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55300			146.03			Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55400			383.92			Vasovasostomy, vasovasorrhaphy
55450	352.56	182.39				Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
55500			269.37			Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520			291.35			Excision of lesion of spermatic cord (separate procedure)
55530			266.42			Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535			304.74			Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540			359.30			Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
55550			303.95			Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55559			I.C.			Unlisted laparoscopy procedure, spermatic cord
55600			300.79			Vesiculotomy;
55605			376.84			Vesiculotomy; complicated
55650			522.10			Vesiculectomy, any approach
55680			252.51			Excision of Mullerian duct cyst
55700	185.06	67.19				Biopsy, prostate; needle or punch, single or multiple, any approach
55705			209.77			Biopsy, prostate; incisional, any approach
55720			359.35			Prostatotomy, external drainage of prostatic abscess, any approach; simple
55725			404.77			Prostatotomy, external drainage of prostatic abscess, any approach; complicated

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
55801			775.09			Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
55810			957.51			Prostatectomy, perineal radical;
55812			1171.34			Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55815			1285.69			Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55821			622.85			Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages
55831			677.75			Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal
55840			972.04			Prostatectomy, retropubic radical, with or without nerve sparing;
55842			1039.63			Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55845			1198.08			Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55859			560.27			Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55860			635.24			Exposure of prostate, any approach, for insertion of radioactive substance;
55862			802.43			Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865			976.82			Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55866			1287.83			Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing
55870	125.79	110.89				Electroejaculation
55873			866.67			Cryosurgical ablation of the prostate (includes ultrasonic guidance for interstitial cryosurgical probe placement)
55899			I.C.			Unlisted procedure, male genital system
55970			I.C.			Intersex surgery; male to female
55980			I.C.			Intersex surgery; female to male
56405	87.78	81.49				Incision and drainage of vulva or perineal abscess

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
56420	117.62	76.56				Incision and drainage of Bartholin's gland abscess
56440			142.99			Marsupialization of Bartholin's gland cyst
56441	119.37	105.79				Lysis of labial adhesions
56501	105.73	87.52				Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	168.36	144.19				Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	68.84	48.65				Biopsy of vulva or perineum (separate procedure); one lesion
56606	33.04	24.10				Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)
56620			385.96			Vulvectomy simple; partial
56625			431.99			Vulvectomy simple; complete
56630			602.38			Vulvectomy, radical, partial;
56631			784.73			Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy
56632			931.02			Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy
56633			785.38			Vulvectomy, radical, complete;
56634			856.27			Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy
56637			1033.85			Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy
56640			1030.77			Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy
56700			137.52			Partial hymenectomy or revision of hymenal ring
56720			37.54			Hymenotomy, simple incision
56740			224.09			Excision of Bartholin's gland or cyst
56800			190.29			Plastic repair of introitus
56805			I.C.			Clitoroplasty for intersex state
56810			201.38			Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
56820	89.00	67.15				Colposcopy of the vulva;
56821	120.72	92.58				Colposcopy of the vulva; with biopsy(s)
57000			146.25			Colpotomy; with exploration
57010			308.99			Colpotomy; with drainage of pelvic abscess
57020	76.75	65.16				Colpocentesis (separate procedure)
57022			126.15			Incision and drainage of vaginal hematoma; obstetrical/postpartum
57023			229.86			Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
57061	92.65	75.11				Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	155.47	134.62				Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	72.17	52.31				Biopsy of vaginal mucosa; simple (separate procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
57105	110.94	98.36				Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57106			331.17			Vaginectomy, partial removal of vaginal wall;
57107			1045.01			Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57109			1192.69			Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57110			675.85			Vaginectomy, complete removal of vaginal wall;
57111			1237.48			Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57112			1273.49			Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57120			377.78			Colpocleisis (Le Fort type)
57130	145.40	124.87				Excision of vaginal septum
57135	156.14	135.62				Excision of vaginal cyst or tumor
57150	53.24	23.77				Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
57155			334.54			Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy
57160	60.36	38.18				Fitting and insertion of pessary or other intravaginal support device
57170	102.01	51.37				Diaphragm or cervical cap fitting with instructions
57180	119.92	89.79				Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)
57200			215.31			Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210			270.88			Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57220			233.64			Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
57230			281.13			Plastic repair of urethrocele
57240			308.42			Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57250			286.17			Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260			411.04			Combined anteroposterior colporrhaphy;
57265			543.80			Combined anteroposterior colporrhaphy; with enterocele repair
57267			215.22			Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)
57268			343.94			Repair of enterocele, vaginal approach (separate procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
57270			574.35			Repair of enterocele, abdominal approach (separate procedure)
57280			698.28			Colpopexy, abdominal approach
57282			362.41			Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57283			519.79			Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57284			620.28			Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse)
57287			498.38			Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
57288			581.60			Sling operation for stress incontinence (eg, fascia or synthetic)
57289			547.99			Pereyra procedure, including anterior colporrhaphy
57291			404.25			Construction of artificial vagina; without graft
57292			627.95			Construction of artificial vagina; with graft
57295			373.99			Revision (including removal) of prosthetic vaginal graft, vaginal approach
57300			372.29			Closure of rectovaginal fistula; vaginal or transanal approach
57305			627.76			Closure of rectovaginal fistula; abdominal approach
57307			718.33			Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy
57308			469.77			Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication
57310			326.98			Closure of urethrovaginal fistula;
57311			371.99			Closure of urethrovaginal fistula; with bulbo cavernosus transplant
57320			381.99			Closure of vesicovaginal fistula; vaginal approach
57330			555.06			Closure of vesicovaginal fistula; transvesical and vaginal approach
57335			I.C.			Vaginoplasty for intersex state
57400			105.53			Dilation of vagina under anesthesia
57410	119.44	82.03				Pelvic examination under anesthesia
57415			112.57			Removal of impacted vaginal foreign body (separate procedure) under anesthesia
57420	93.32	70.81				Colposcopy of the entire vagina, with cervix if present;
57421	128.31	98.84				Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
57425			695.59			Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57452	88.01	70.79				Colposcopy of the cervix including upper/adjacent vagina;
57454	125.19	108.96				Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage

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57455	117.51	89.37				Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
57456	110.86	83.38				Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57460	280.11	131.79				Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
57461	306.93	152.97				Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
57500	114.01	50.45				Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	83.09	71.17				Endocervical curettage (not done as part of a dilation and curettage)
57510	109.49	92.28				Cautery of cervix; electro or thermal
57511	118.43	103.20				Cautery of cervix; cryocautery, initial or repeat
57513	114.79	104.19				Cautery of cervix; laser ablation
57520	253.18	218.09				Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	206.71	183.53				Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
57530			257.79			Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57531			1287.23			Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)
57540			578.63			Excision of cervical stump, abdominal approach;
57545			616.34			Excision of cervical stump, abdominal approach; with pelvic floor repair
57550			294.89			Excision of cervical stump, vaginal approach;
57555			440.86			Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
57556			413.35			Excision of cervical stump, vaginal approach; with repair of enterocele
57700			210.32			Cerclage of uterine cervix, nonobstetrical
57720			228.20			Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	48.53	38.93				Dilation of cervical canal, instrumental (separate procedure)
57820	99.46	88.54				Dilation and curettage of cervical stump
58100	90.16	70.30				Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58110	41.58	33.63				Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)
58120	175.90	161.66				Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58140			680.61			Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas; abdominal approach
58145			403.34			Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas; vaginal approach
58146			877.01			Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams, abdominal approach
58150			711.61			Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58152			952.89			Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)
58180			707.52			Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58200			986.54			Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)
58210			1312.47			Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
58240			1742.18			Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
58260			616.73			Vaginal hysterectomy, for uterus 250 grams or less;
58262			694.14			Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)
58263			749.83			Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267			795.64			Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270			668.06			Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58275			737.20			Vaginal hysterectomy, with total or partial vaginectomy;
58280			790.84			Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285			1007.05			Vaginal hysterectomy, radical (Schauta type operation)
58290			880.31			Vaginal hysterectomy, for uterus greater than 250 grams;
58291			959.94			Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58292			1015.29			Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enterocele
58293			1054.54			Vaginal hysterectomy, for uterus greater than 250 grams; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58294			932.29			Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele
58300	103.36	57.56				Insertion of intrauterine device (IUD)
58301	109.44	72.45				Removal of intrauterine device (IUD)
58321	65.83	40.00				Artificial insemination; intra-cervical
58322	73.15	47.32				Artificial insemination; intra-uterine
58323	24.60	10.03				Sperm washing for artificial insemination
58340	131.37	47.94				Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58345			218.92			Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58346			329.57			Insertion of Heyman capsules for clinical brachytherapy
58350	80.03	61.16				Chromotubation of oviduct, including materials
58353	1292.04	176.28				Endometrial ablation, thermal, without hysteroscopic guidance
58356	2234.55	284.14				Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58400			323.35			Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
58410			598.50			Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy
58520			563.24			Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
58540			676.08			Hysteroplasty, repair of uterine anomaly (Strassman type)
58545			682.36			Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 grams or less and/or removal of surface myomas

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58546			873.58			Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams
58550			673.51			Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;
58552			747.54			Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58553			873.58			Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;
58554			1005.11			Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58555	174.15	152.63				Hysteroscopy, diagnostic (separate procedure)
58558			216.39			Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559			278.12			Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58560			314.97			Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561			446.18			Hysteroscopy, surgical; with removal of leiomyomata
58562			236.45			Hysteroscopy, surgical; with removal of impacted foreign body
58563	2053.06	278.78				Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
58565	1866.82	350.79				Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58578			I.C.			Unlisted laparoscopy procedure, uterus
58579			I.C.			Unlisted hysteroscopy procedure, uterus
58600			372.92			Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58605			339.01			Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)
58611			83.94			Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
58615			276.81			Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58660			518.38			Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58661			505.75			Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58662			550.47			Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670			278.63			Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671			278.85			Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58672			597.75			Laparoscopy, surgical; with fimbrioplasty
58673			636.52			Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58679			I.C.			Unlisted laparoscopy procedure, oviduct, ovary
58700			566.09			Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58720			537.31			Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58740			662.72			Lysis of adhesions (salpingolysis, ovariolysis)
58750			696.54			Tubotubal anastomosis
58752			681.74			Tubouterine implantation
58760			626.48			Fimbrioplasty
58770			654.72			Salpingostomy (salpingoneostomy)
58800	245.01	220.51				Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach
58805			294.45			Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); abdominal approach
58820			237.66			Drainage of ovarian abscess; vaginal approach, open
58822			479.51			Drainage of ovarian abscess; abdominal approach
58823	806.69	135.91				Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)
58825			525.87			Transposition, ovary(s)
58900			299.82			Biopsy of ovary, unilateral or bilateral (separate procedure)
58920			531.59			Wedge resection or bisection of ovary, unilateral or bilateral
58925			534.78			Ovarian cystectomy, unilateral or bilateral
58940			358.35			Oophorectomy, partial or total, unilateral or bilateral;
58943			847.05			Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
58950			793.14			Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;
58951			1025.37			Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
58952			1150.13			Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)
58953			1454.55			Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;
58954			1584.10			Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
58956			1008.22			Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
58960			689.82			Laparotomy, for staging or restaging of ovarian, tubal or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy
58970	184.06	156.58				Follicle puncture for oocyte retrieval, any method
58974			I.C.			Embryo transfer, intrauterine
58976	205.53	177.05				Gamete, zygote, or embryo intrafallopian transfer, any method
58999			I.C.			Unlisted procedure, female genital system (nonobstetrical)
59000	148.78	86.69				Amniocentesis; diagnostic
59001			193.90			Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
59012			219.13			Cordocentesis (intrauterine), any method
59015	164.89	142.43				Chorionic villus sampling, any method
59020			66.44	40.56	25.88	Fetal contraction stress test
59025			43.39	32.67	10.72	Fetal non-stress test
59030			121.31			Fetal scalp blood sampling
59050			54.50			Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation
59051			45.13			Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only
59070	322.42	228.40				Transabdominal amnioinfusion, including ultrasound guidance
59072			356.52			Fetal umbilical cord occlusion, including ultrasound guidance
59074	303.22	228.40				Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
59076			356.52			Fetal shunt placement, including ultrasound guidance

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
59100			622.01			Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
59120			779.76			Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
59121			791.71			Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
59130			628.44			Surgical treatment of ectopic pregnancy; abdominal pregnancy
59135			698.00			Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
59136			870.16			Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus
59140			253.54			Surgical treatment of ectopic pregnancy; cervical, with evacuation
59150			777.18			Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
59151			771.69			Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
59160	264.34	213.26				Curettage, postpartum
59200	87.20	48.01				Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
59300	201.87	148.15				Episiotomy or vaginal repair, by other than attending physician
59320			163.65			Cerclage of cervix, during pregnancy; vaginal
59325			259.63			Cerclage of cervix, during pregnancy; abdominal
59350			225.45			Hysterorrhaphy of ruptured uterus
59400			1951.31			Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409			827.10			Vaginal delivery only (with or without episiotomy and/or forceps);
59410			927.29			Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59412			83.20			External cephalic version, with or without tocolysis
59414			98.89			Delivery of placenta (separate procedure)
59425	396.39	292.91				Antepartum care only; 4-6 visits
59426	696.63	505.96				Antepartum care only; 7 or more visits
59430	147.62	134.85				Postpartum care only (separate procedure)
59510			2210.55			Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514			975.56			Cesarean delivery only;
59515			1107.99			Cesarean delivery only; including postpartum care
59525			389.61			Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
59610			2058.07			Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612			928.69			Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
59614			1023.59			Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618			2338.75			Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620			1067.97			Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
59622			1212.22			Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care
59812			288.13			Treatment of incomplete abortion, any trimester, completed surgically
59820	370.91	333.04				Treatment of missed abortion, completed surgically; first trimester
59821	384.55	346.24				Treatment of missed abortion, completed surgically; second trimester
59830			333.53			Treatment of septic abortion, completed surgically
59840			169.90			Induced abortion, by dilation and curettage
59841	288.70	271.48				Induced abortion, by dilation and evacuation
59850			300.23			Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59851			317.01			Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852			435.76			Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855			319.46			Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;
59856			381.79			Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
59857			458.66			Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)
59866			193.05			Multifetal pregnancy reduction(s) (MPR)
59870			346.86			Uterine evacuation and curettage for hydatidiform mole
59871	128.21	107.68				Removal of cerclage suture under anesthesia (other than local)
59897			I.C.			Unlisted fetal invasive procedure, including ultrasound guidance
59898			I.C.			Unlisted laparoscopy procedure, maternity care and delivery
59899			I.C.			Unlisted procedure, maternity care and delivery
60000	116.07	108.78				Incision and drainage of thyroglossal duct cyst, infected
60001	75.15	39.39				Aspiration and/or injection, thyroid cyst
60100	91.85	63.05				Biopsy thyroid, percutaneous core needle
60200			485.84			Excision of cyst or adenoma of thyroid, or transection of isthmus
60210			515.78			Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212			742.05			Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60220			562.97			Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225			675.36			Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60240			737.88			Thyroidectomy, total or complete
60252			955.97			Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254			1275.09			Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
60260			813.93			Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
60270			960.24			Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
60271			789.60			Thyroidectomy, including substernal thyroid; cervical approach
60280			329.22			Excision of thyroglossal duct cyst or sinus;
60281			446.31			Excision of thyroglossal duct cyst or sinus; recurrent
60500			7.40			Parathyroidectomy or exploration of parathyroid(s);
60502			930.74			Parathyroidectomy or exploration of parathyroid(s); re-exploration
60505			1016.80			Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach
60512			188.64			Parathyroid autotransplantation (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
60520			789.53			Thymectomy, partial or total; transcervical approach (separate procedure)
60521			902.27			Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)
60522			1086.32			Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)
60540			762.04			Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);
60545			879.92			Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor
60600			909.32			Excision of carotid body tumor; without excision of carotid artery
60605			1023.14			Excision of carotid body tumor; with excision of carotid artery
60650			869.75			Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal
60659			I.C.			Unlisted laparoscopy procedure, endocrine system
60699			I.C.			Unlisted procedure, endocrine system
61000			78.18			Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
61001			80.00			Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps
61020			93.86			Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026			100.28			Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment
61050			86.39			Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055			109.06			Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)
61070			61.93			Puncture of shunt tubing or reservoir for aspiration or injection procedure
61105			302.29			Twist drill hole for subdural or ventricular puncture;
61107			251.38			Twist drill hole for subdural or ventricular puncture; for implanting ventricular catheter or pressure recording device
61108			578.01			Twist drill hole for subdural or ventricular puncture; for evacuation and/or drainage of subdural hematoma

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61120			488.46			Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)
61140			860.57			Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61150			927.31			Burr hole(s) or trephine; with drainage of brain abscess or cyst
61151			670.33			Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst
61154			824.11			Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural
61156			873.03			Burr hole(s); with aspiration of hematoma or cyst, intracerebral
61210			291.96			Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s) or pressure recording device (separate procedure)
61215			296.33			Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61250			577.70			Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery
61253			656.94			Burr hole(s) or trephine, infratentorial, unilateral or bilateral
61304			1159.95			Craniectomy or craniotomy, exploratory; supratentorial
61305			1381.04			Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)
61312			1321.58			Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
61313			1325.64			Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral
61314			1243.81			Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
61315			1458.20			Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar
61316			66.25			Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
61320			1346.92			Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial
61321			1484.13			Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial
61322			1507.61			Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy
61323			1571.80			Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61330			1153.19			Decompression of orbit only, transcranial approach
61332			1381.21			Exploration of orbit (transcranial approach); with biopsy
61333			1378.74			Exploration of orbit (transcranial approach); with removal of lesion
61334			897.74			Exploration of orbit (transcranial approach); with removal of foreign body
61340			994.02			Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)
61343			1553.07			Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)
61345			1421.34			Other cranial decompression, posterior fossa
61440			13.63			Craniotomy for section of tentorium cerebelli (separate procedure)
61450			1321.92			Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion
61458			1427.59			Craniectomy, suboccipital; for exploration or decompression of cranial nerves
61460			1466.03			Craniectomy, suboccipital; for section of one or more cranial nerves
61470			1313.20			Craniectomy, suboccipital; for medullary tractotomy
61480			1390.73			Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy
61490			1340.52			Craniotomy for lobotomy, including cingulotomy
61500			946.54			Craniectomy; with excision of tumor or other bone lesion of skull
61501			788.49			Craniectomy; for osteomyelitis
61510			1506.32			Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma
61512			1827.71			Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial
61514			1324.55			Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial
61516			1296.64			Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial
61517			67.30			Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)
61518			1949.06			Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
61519			2135.54			Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma
61520			2775.90			Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61521			2289.96			Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull
61522			1530.83			Craniectomy, infratentorial or posterior fossa; for excision of brain abscess
61524			1451.60			Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst
61526			2581.50			Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;
61530			2183.38			Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy
61531			792.79			Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long term seizure monitoring
61533			1042.76			Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long term seizure monitoring
61534			1103.41			Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery
61535			635.73			Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
61536			1846.19			Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)
61537			1336.57			Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery
61538			1405.64			Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery
61539			1663.87			Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery
61540			1589.25			Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery
61541			1484.39			Craniotomy with elevation of bone flap; for transection of corpus callosum
61542			1629.96			Craniotomy with elevation of bone flap; for total hemispherectomy
61543			1522.12			Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy
61544			1298.24			Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus
61545			2254.07			Craniotomy with elevation of bone flap; for excision of craniopharyngioma

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61546			1618.74			Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
61548			1097.30			Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic
61550			657.77			Craniectomy for craniosynostosis; single cranial suture
61552			867.95			Craniectomy for craniosynostosis; multiple cranial sutures
61556			1097.54			Craniotomy for craniosynostosis; frontal or parietal bone flap
61557			1201.57			Craniotomy for craniosynostosis; bifrontal bone flap
61558			1209.86			Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559			1739.24			Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)
61563			1364.21			Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
61564			1739.70			Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression
61566			1603.33			Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy
61567			1815.50			Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery
61570			1274.25			Craniectomy or craniotomy; with excision of foreign body from brain
61571			13.85			Craniectomy or craniotomy; with treatment of penetrating wound of brain
61575			1722.56			Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;
61576			2729.47			Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)
61580			1764.77			Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581			1824.10			Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61582			1944.20			Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa
61583			2042.13			Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
61584			1956.48			Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
61585			2105.80			Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration
61586			1542.54			Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
61590			2225.69			Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
61591			2316.07			Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery
61592			2202.59			Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
61595			1649.81			Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization
61596			1874.12			Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61597			2011.90			Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization
61598			1823.81			Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus
61600			1456.98			Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
61601			1600.80			Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft
61605			1605.15			Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606			2110.45			Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft
61607			1948.22			Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608			2288.69			Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft
61609			492.03			Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)
61610			1429.68			Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61611			374.42			Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)
61612			1310.38			Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61613			2192.17			Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
61615			1748.25			Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61616			2335.77			Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft
61618			900.10			Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)
61619			1068.34			Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)
61623			434.87			Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion
61624			830.42			Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)
61626			671.21			Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)
61630			I.C.			Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
61635			I.C.			Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed
61640			I.C.			Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
61641			I.C.			Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)
61642			I.C.			Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)
61680			1606.66			Surgery of intracranial arteriovenous malformation; supratentorial, simple

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61682			3129.47			Surgery of intracranial arteriovenous malformation; supratentorial, complex
61684			2063.03			Surgery of intracranial arteriovenous malformation; infratentorial, simple
61686			3311.75			Surgery of intracranial arteriovenous malformation; infratentorial, complex
61690			1521.98			Surgery of intracranial arteriovenous malformation; dural, simple
61692			2648.37			Surgery of intracranial arteriovenous malformation; dural, complex
61697			2615.81			Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
61698			2506.93			Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61700			2612.67			Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
61702			2446.09			Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61703			921.69			Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)
61705			1839.89			Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery
61708			1536.45			Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis
61710			1375.65			Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter
61711			1874.02			Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries
61720			857.60			Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
61735			1030.58			Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus
61750			961.69			Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751			948.97			Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance
61760			1027.11			Stereotactic implantation of depth electrodes into the cerebrum for long term seizure monitoring
61770			1079.95			Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61790			559.90			Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61791			776.55			Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
61793			913.02			Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions
61795			197.00			Stereotactic computer assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)
61850			669.57			Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
61860			1088.89			Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
61863			1037.96			Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
61864			321.56			Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
61867			1587.20			Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
61868			473.68			Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
61870			822.39			Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical
61875			767.36			Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical
61880			362.98			Revision or removal of intracranial neurostimulator electrodes

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
61885			373.71			Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886			476.39			Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays
61888			291.96			Revision or removal of cranial neurostimulator pulse generator or receiver
62000			553.76			Elevation of depressed skull fracture; simple, extradural
62005			826.37			Elevation of depressed skull fracture; compound or comminuted, extradural
62010			1051.94			Elevation of depressed skull fracture; with repair of dura and/or debridement of brain
62100			1142.76			Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea
62115			1109.22			Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty
62116			1233.18			Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty
62117			1348.02			Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)
62120			1326.91			Repair of encephalocele, skull vault, including cranioplasty
62121			1203.67			Craniotomy for repair of encephalocele, skull base
62140			727.75			Cranioplasty for skull defect; up to 5 cm diameter
62141			797.24			Cranioplasty for skull defect; larger than 5 cm diameter
62142			591.70			Removal of bone flap or prosthetic plate of skull
62143			703.48			Replacement of bone flap or prosthetic plate of skull
62145			983.22			Cranioplasty for skull defect with reparative brain surgery
62146			847.19			Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter
62147			1007.18			Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter
62148			94.69			Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)
62160			151.10			Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
62161			1071.24			Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)
62162			1324.07			Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage
62163			848.34			Neuroendoscopy, intracranial; with retrieval of foreign body
62164			1377.89			Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage
62165			1120.79			Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach
62180			1102.45			Ventriculocisternostomy (Torkildsen type operation)
62190			604.02			Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular
62192			659.55			Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus
62194			240.61			Replacement or irrigation, subarachnoid/subdural catheter
62200			971.06			Ventriculocisternostomy, third ventricle;
62201			807.30			Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method
62220			699.66			Creation of shunt; ventriculo-atrial, -jugular, -auricular
62223			699.96			Creation of shunt; ventriculo-peritoneal, -pleural, other terminus
62225			316.64			Replacement or irrigation, ventricular catheter
62230			567.44			Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
62252			73.90	37.03	36.87	Reprogramming of programmable cerebrospinal shunt
62256			376.67			Removal of complete cerebrospinal fluid shunt system; without replacement
62258			775.60			Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation
62263	600.65	285.13				Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	385.21	175.64				Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62268	523.54	211.99				Percutaneous aspiration, spinal cord cyst or syrinx
62269	634.58	212.78				Biopsy of spinal cord, percutaneous needle

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
62270	132.45	51.67				Spinal puncture, lumbar, diagnostic
62272	161.32	64.98				Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
62273	152.59	86.04				Injection, epidural, of blood or clot patch
62280	309.76	113.09				Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	265.75	107.49				Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	345.87	98.88				Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62284	210.17	68.13				Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)
62287			421.20			Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous disectomy, percutaneous laser disectomy)
62290	325.07	134.04				Injection procedure for diskography, each level; lumbar
62291	283.52	127.25				Injection procedure for diskography, each level; cervical or thoracic
62292			384.39			Injection procedure for chemonucleolysis, including diskography, intervertebral disk, single or multiple levels, lumbar
62294			540.70			Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
62310	215.24	77.18				Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62311	207.95	64.26				Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62318	249.30	80.78				Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic

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62319	219.53	74.52				Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62350			343.87			Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62351			563.62			Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
62355			271.72			Removal of previously implanted intrathecal or epidural catheter
62360			169.34			Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361			298.07			Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump
62362			366.07			Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62365			288.16			Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62367	34.18	17.29				Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming
62368	44.99	27.77				Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
63001			838.26			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral segments; cervical
63003			852.55			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral segments; thoracic
63005			819.12			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral segments; lumbar, except for spondylolisthesis

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63011			752.08			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), one or two vertebral segments; sacral
63012			840.53			Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63015			1036.19			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), more than 2 vertebral segments; cervical
63016			1025.24			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), more than 2 vertebral segments; thoracic
63017			867.81			Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), more than 2 vertebral segments; lumbar
63020			814.43			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, cervical
63030			678.88			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar (including open or endoscopically-assisted approach)
63035			157.70			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
63040			1007.17			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; cervical
63042			955.31			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; lumbar

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63043			I.C.			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)
63044			I.C.			Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)
63045			889.86			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; cervical
63046			855.18			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; thoracic
63047			805.41			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; lumbar
63048			161.50			Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63050			1072.84			Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;
63051			1224.19			Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)
63055			1163.10			Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; thoracic
63056			1087.37			Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disk)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63057			260.33			Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
63064			1287.60			Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; single segment
63066			160.82			Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; each additional segment (List separately in addition to code for primary procedure)
63075			1042.23			Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, single interspace
63076			201.75			Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
63077			1107.68			Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; thoracic, single interspace
63078			160.05			Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)
63081			1256.52			Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
63082			217.60			Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
63085			1359.31			Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
63086			154.33			Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)
63087			1769.88			Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63088			210.35			Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)
63090			1406.52			Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment
63091			143.12			Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)
63101			1653.49			Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment
63102			1653.49			Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment
63103			232.23			Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)
63170			1051.64			Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
63172			942.55			Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
63173			1161.36			Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space
63180			958.85			Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments
63182			1049.95			Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than two segments
63185			747.55			Laminectomy with rhizotomy; one or two segments
63190			892.06			Laminectomy with rhizotomy; more than two segments
63191			975.28			Laminectomy with section of spinal accessory nerve
63194			993.07			Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; cervical
63195			997.26			Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; thoracic

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63196			1190.95			Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; cervical
63197			1109.92			Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; thoracic
63198			1126.55			Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; cervical
63199			1274.89			Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; thoracic
63200			1016.98			Laminectomy, with release of tethered spinal cord, lumbar
63250			1992.05			Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251			2124.03			Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63252			2116.98			Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63265			1142.51			Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266			1179.07			Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63267			962.37			Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63268			939.43			Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63270			1408.08			Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271			1416.85			Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic
63272			1326.88			Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63273			1276.87			Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63275			1242.42			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276			1233.74			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
63277			1104.58			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63278			1082.48			Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63280			1489.29			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63281			1474.10			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63282			1390.73			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63283			1318.80			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral
63285			1864.47			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63286			1853.56			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic
63287			1904.20			Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
63290			1920.40			Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
63295			239.85			Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)
63300			1284.58			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63301			1401.21			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach
63302			1420.10			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach
63303			1510.47			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63304			1556.44			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
63305			1613.72			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach
63306			1669.42			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach
63307			1533.56			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63308			260.63			Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
63600			601.41			Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63610	2242.62	335.91				Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
63615			822.12			Stereotactic biopsy, aspiration, or excision of lesion, spinal cord
63650			303.79			Percutaneous implantation of neurostimulator electrode array, epidural
63655			568.03			Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63660			307.88			Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s)
63685			355.88			Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688			287.00			Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63700			878.72			Repair of meningocele; less than 5 cm diameter
63702			970.14			Repair of meningocele; larger than 5 cm diameter
63704			1117.67			Repair of myelomeningocele; less than 5 cm diameter
63706			1257.69			Repair of myelomeningocele; larger than 5 cm diameter
63707			623.54			Repair of dural/cerebrospinal fluid leak, not requiring laminectomy
63709			777.68			Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy
63710			765.77			Dural graft, spinal
63740			623.80			Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy
63741			423.30			Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy
63744			441.18			Replacement, irrigation or revision of lumbosubarachnoid shunt
63746			337.47			Removal of entire lumbosubarachnoid shunt system without replacement
64400	95.26	46.59				Injection, anesthetic agent; trigeminal nerve, any division or branch
64402	89.98	56.55				Injection, anesthetic agent; facial nerve
64405	86.74	53.63				Injection, anesthetic agent; greater occipital nerve
64408	93.65	69.48				Injection, anesthetic agent; vagus nerve
64410	124.77	56.90				Injection, anesthetic agent; phrenic nerve
64412	122.58	48.75				Injection, anesthetic agent; spinal accessory nerve
64413	101.87	57.17				Injection, anesthetic agent; cervical plexus
64415	136.09	58.29				Injection, anesthetic agent; brachial plexus, single

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64416			129.88			Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration
64417	143.05	58.62				Injection, anesthetic agent; axillary nerve
64418	125.25	52.74				Injection, anesthetic agent; suprascapular nerve
64420	163.31	48.42				Injection, anesthetic agent; intercostal nerve, single
64421	251.01	66.27				Injection, anesthetic agent; intercostal nerves, multiple, regional block
64425	106.07	69.32				Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64430	126.16	60.94				Injection, anesthetic agent; pudendal nerve
64435	127.56	66.64				Injection, anesthetic agent; paracervical (uterine) nerve
64445	132.01	59.84				Injection, anesthetic agent; sciatic nerve, single
64446			127.72			Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter, (including catheter placement) including daily management for anesthetic agent administration
64447			57.85			Injection, anesthetic agent; femoral nerve, single
64448			114.04			Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration
64449			118.34			Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration
64450	79.19	54.02				Injection, anesthetic agent; other peripheral nerve or branch
64470	293.80	77.27				Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level
64472	115.04	48.82				Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64475	269.79	62.20				Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level
64476	99.27	36.69				Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64479	312.34	93.16				Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level
64480	139.31	60.51				Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64483	317.04	82.63				Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
64484	147.60	50.92				Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64505	81.01	61.81				Injection, anesthetic agent; sphenopalatine ganglion
64508	142.88	57.13				Injection, anesthetic agent; carotid sinus (separate procedure)
64510	149.96	52.29				Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	153.86	92.28				Injection, anesthetic agent; superior hypogastric plexus
64520	209.74	57.44				Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	193.72	67.58				Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64550	14.49	6.87				Application of surface (transcutaneous) neurostimulator
64553	162.12	129.67				Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	170.17	106.61				Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64560	157.78	112.75				Percutaneous implantation of neurostimulator electrodes; autonomic nerve
64561	1195.94	290.10				Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64565	160.65	93.44				Percutaneous implantation of neurostimulator electrodes; neuromuscular
64573			417.71			Incision for implantation of neurostimulator electrodes; cranial nerve
64575			222.75			Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64577			260.07			Incision for implantation of neurostimulator electrodes; autonomic nerve
64580			239.91			Incision for implantation of neurostimulator electrodes; neuromuscular
64581			575.80			Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64585	436.06	132.46				Revision or removal of peripheral neurostimulator electrodes
64590	307.87	146.63				Insertion or replacement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling
64595	397.22	116.13				Revision or removal of peripheral neurostimulator pulse generator or receiver
64600	413.57	157.64				Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64605	490.17	245.50				Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64610	528.01	356.84				Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64612	139.26	100.52				Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)
64613	154.16	97.21				Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)
64614	170.19	106.62				Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)
64620	251.10	127.27				Destruction by neurolytic agent, intercostal nerve
64622	344.81	132.58				Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level
64623	127.13	36.08				Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64626	353.68	160.66				Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level
64627	184.05	42.68				Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64630	178.84	134.81				Destruction by neurolytic agent; pudendal nerve
64640	221.76	144.29				Destruction by neurolytic agent; other peripheral nerve or branch
64650	49.56	30.69				Chemodenervation of eccrine glands; both axillae
64653	56.66	38.78				Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
64680	299.51	124.03				Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
64681	413.01	172.98				Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
64702			258.82			Neuroplasty; digital, one or both, same digit
64704			250.04			Neuroplasty; nerve of hand or foot
64708			352.19			Neuroplasty, major peripheral nerve, arm or leg; other than specified
64712			400.47			Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve
64713			540.28			Neuroplasty, major peripheral nerve, arm or leg; brachial plexus
64714			451.96			Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus
64716			387.14			Neuroplasty and/or transposition; cranial nerve (specify)
64718			388.34			Neuroplasty and/or transposition; ulnar nerve at elbow
64719			301.45			Neuroplasty and/or transposition; ulnar nerve at wrist

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64721			313.17			Neuroplasty and/or transposition; median nerve at carpal tunnel
64722			241.80			Decompression; unspecified nerve(s) (specify)
64726			220.44			Decompression; plantar digital nerve
64727			146.38			Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
64732			260.19			Transection or avulsion of; supraorbital nerve
64734			290.52			Transection or avulsion of; infraorbital nerve
64736			272.36			Transection or avulsion of; mental nerve
64738			335.78			Transection or avulsion of; inferior alveolar nerve by osteotomy
64740			340.05			Transection or avulsion of; lingual nerve
64742			344.51			Transection or avulsion of; facial nerve, differential or complete
64744			296.18			Transection or avulsion of; greater occipital nerve
64746			331.86			Transection or avulsion of; phrenic nerve
64752			358.38			Transection or avulsion of; vagus nerve (vagotomy), transthoracic
64755			602.44			Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)
64760			325.44			Transection or avulsion of; vagus nerve (vagotomy), abdominal
64761			306.23			Transection or avulsion of; pudendal nerve
64763			385.46			Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
64766			438.05			Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
64771			415.52			Transection or avulsion of other cranial nerve, extradural
64772			394.26			Transection or avulsion of other spinal nerve, extradural
64774			286.81			Excision of neuroma; cutaneous nerve, surgically identifiable
64776			280.91			Excision of neuroma; digital nerve, one or both, same digit
64778			146.21			Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)
64782			316.91			Excision of neuroma; hand or foot, except digital nerve
64783			175.23			Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)
64784			521.81			Excision of neuroma; major peripheral nerve, except sciatic
64786			812.88			Excision of neuroma; sciatic nerve

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64787			202.48			Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
64788			258.81			Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790			599.18			Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792			761.77			Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64795			146.77			Biopsy of nerve
64802			452.55			Sympathectomy, cervical
64804			691.10			Sympathectomy, cervicothoracic
64809			603.51			Sympathectomy, thoracolumbar
64818			490.35			Sympathectomy, lumbar
64820			556.80			Sympathectomy; digital arteries, each digit
64821			513.83			Sympathectomy; radial artery
64822			511.54			Sympathectomy; ulnar artery
64823			592.03			Sympathectomy; superficial palmar arch
64831			527.84			Suture of digital nerve, hand or foot; one nerve
64832			273.07			Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)
64834			551.93			Suture of one nerve, hand or foot; common sensory nerve
64835			596.85			Suture of one nerve, hand or foot; median motor thenar
64836			594.52			Suture of one nerve, hand or foot; ulnar motor
64837			302.33			Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)
64840			665.01			Suture of posterior tibial nerve
64856			734.57			Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857			770.62			Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858			888.92			Suture of sciatic nerve
64859			205.71			Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64861			1014.82			Suture of; brachial plexus
64862			1030.81			Suture of; lumbar plexus
64864			666.73			Suture of facial nerve; extracranial
64865			904.63			Suture of facial nerve; infratemporal, with or without grafting
64866			918.67			Anastomosis; facial-spinal accessory
64868			800.25			Anastomosis; facial-hypoglossal
64870			761.69			Anastomosis; facial-phrenic
64872			97.44			Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
64874			142.71			Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876			161.93			Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
64885			906.87			Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
64886			1070.81			Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64890			802.63			Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891			735.17			Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64892			755.39			Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893			817.98			Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
64895			911.07			Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896			1002.71			Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897			916.82			Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898			993.33			Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64901			488.37			Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)
64902			560.22			Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
64905			714.80			Nerve pedicle transfer; first stage
64907			1007.99			Nerve pedicle transfer; second stage
64999			I.C.			Unlisted procedure, nervous system
65091			463.15			Evisceration of ocular contents; without implant
65093			487.22			Evisceration of ocular contents; with implant
65101			518.70			Enucleation of eye; without implant
65103			541.08			Enucleation of eye; with implant, muscles not attached to implant
65105			591.88			Enucleation of eye; with implant, muscles attached to implant
65110			858.36			Exenteration of orbit (does not include skin graft), removal of orbital contents; only
65112			1018.50			Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone
65114			1050.79			Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
65125	383.13	210.30				Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)
65130			510.11			Insertion of ocular implant secondary; after evisceration, in scleral shell
65135			520.29			Insertion of ocular implant secondary; after enucleation, muscles not attached to implant
65140			558.86			Insertion of ocular implant secondary; after enucleation, muscles attached to implant
65150			444.80			Reinsertion of ocular implant; with or without conjunctival graft
65155			599.05			Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant
65175			462.24			Removal of ocular implant
65205	41.55	29.96				Removal of foreign body, external eye; conjunctival superficial
65210	51.01	36.77				Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220	42.00	30.08				Removal of foreign body, external eye; corneal, without slit lamp
65222	56.15	39.27				Removal of foreign body, external eye; corneal, with slit lamp
65235			441.75			Removal of foreign body, intraocular; from anterior chamber of eye or lens
65260			636.64			Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route
65265			715.08			Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction
65270	228.19	100.73				Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
65272	365.84	219.17				Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization
65273			244.42			Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization
65275	363.21	284.41				Repair of laceration; cornea, nonperforating, with or without removal foreign body
65280			427.58			Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue
65285			677.44			Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue
65286	528.39	311.86				Repair of laceration; application of tissue glue, wounds of cornea and/or sclera
65290			313.96			Repair of wound, extraocular muscle, tendon and/or Tenon's capsule

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
65400	450.95	377.78				Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65410	112.52	74.45				Biopsy of cornea
65420	414.07	267.40				Excision or transposition of pterygium; without graft
65426	488.62	314.14				Excision or transposition of pterygium; with graft
65430	85.04	74.78				Scraping of cornea, diagnostic, for smear and/or culture
65435	59.52	49.92				Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	256.37	242.46				Removal of corneal epithelium; with application of chelating agent (eg, EDTA)
65450	229.35	225.04				Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization
65600	264.02	209.06				Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)
65710			727.40			Keratoplasty (corneal transplant); lamellar
65730			809.25			Keratoplasty (corneal transplant); penetrating (except in aphakia)
65750			829.29			Keratoplasty (corneal transplant); penetrating (in aphakia)
65755			823.37			Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65760			I.C.			Keratomileusis
65765			I.C.			Keratophakia
65767			I.C.			Epikeratoplasty
65770			943.97			Keratoprosthesis
65771			I.C.			Radial keratotomy
65772	307.15	260.46				Corneal relaxing incision for correction of surgically induced astigmatism
65775			364.22			Corneal wedge resection for correction of surgically induced astigmatism
65780			635.23			Ocular surface reconstruction; amniotic membrane transplantation
65781			952.95			Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)
65782			823.23			Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
65800	114.58	94.05				Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous
65805	127.16	94.38				Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous
65810			296.09			Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection
65815	477.44	304.95				Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
65820			534.76			Goniotomy

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
65850			582.92			Trabeculotomy ab externo
65855	253.77	213.71				Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)
65860	236.29	185.30				Severing adhesions of anterior segment, laser technique (separate procedure)
65865			348.02			Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae
65870			393.43			Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae
65875			413.72			Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae
65880			437.59			Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions
65900			6.55			Removal of epithelial downgrowth, anterior chamber of eye
65920			513.01			Removal of implanted material, anterior segment of eye
65930			441.13			Removal of blood clot, anterior segment of eye
66020	149.51	93.56				Injection, anterior chamber of eye (separate procedure); air or liquid
66030	134.34	78.39				Injection, anterior chamber of eye (separate procedure); medication
66130	540.98	407.89				Excision of lesion, sclera
66150			552.41			Fistulization of sclera for glaucoma; trephination with iridectomy
66155			549.36			Fistulization of sclera for glaucoma; thermocauterization with iridectomy
66160			631.04			Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy
66165			537.73			Fistulization of sclera for glaucoma; iridencleisis or iridotaxis
66170			756.01			Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
66172			937.67			Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
66180			776.08			Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)
66185			479.42			Revision of aqueous shunt to extraocular reservoir
66220			459.89			Repair of scleral staphyloma; without graft
66225			608.23			Repair of scleral staphyloma; with graft
66250	560.31	354.37				Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
66500			260.59			Iridotomy by stab incision (separate procedure); except transfixion
66505			282.89			Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe
66600			522.88			Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605			704.12			Iridectomy, with corneoscleral or corneal section; with cyclectomy
66625			304.74			Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)
66630			367.20			Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
66635			370.69			Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
66680			331.77			Repair of iris, ciliary body (as for iridodialysis)
66682			398.39			Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
66700	311.80	268.10				Ciliary body destruction; diathermy
66710	308.93	264.90				Ciliary body destruction; cyclophotocoagulation, transscleral
66711			404.62			Ciliary body destruction; cyclophotocoagulation, endoscopic
66720	330.46	294.71				Ciliary body destruction; cryotherapy
66740	306.28	269.20				Ciliary body destruction; cyclodialysis
66761	302.81	260.10				Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or more sessions)
66762	319.61	274.25				Iridoplasty by photocoagulation (one or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
66770	351.16	308.45				Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)
66820			304.88			Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
66821	203.38	187.82				Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)
66825			537.87			Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
66830			465.95			Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840			455.60			Removal of lens material; aspiration technique, one or more stages

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
66850			516.05			Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852			556.02			Removal of lens material; pars plana approach, with or without vitrectomy
66920			497.63			Removal of lens material; intracapsular
66930			562.89			Removal of lens material; intracapsular, for dislocated lens
66940			509.28			Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982			715.37			Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage
66983			455.12			Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)
66984			538.20			Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)
66985			487.77			Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986			658.02			Exchange of intraocular lens
66990			66.29			Use of ophthalmic endoscope (List separately in addition to code for primary procedure)
66999			I.C.			Unlisted procedure, anterior segment of eye
67005			325.30			Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67010			377.63			Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
67015			413.45			Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
67025	503.27	403.62				Injection of vitreous substitute, pars plana or limbal approach, (fluid-gas exchange), with or without aspiration (separate procedure)
67027			577.96			Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
67028	162.29	120.91				Intravitreal injection of a pharmacologic agent (separate procedure)
67030			333.67			Discission of vitreous strands (without removal), pars plana approach

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67031	258.16	226.37				Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)
67036			645.11			Vitrectomy, mechanical, pars plana approach;
67038			1125.65			Vitrectomy, mechanical, pars plana approach; with epiretinal membrane stripping
67039			822.59			Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040			950.27			Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67101	519.77	433.69				Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid
67105	481.68	417.78				Repair of retinal detachment, one or more sessions; photocoagulation, with or without drainage of subretinal fluid
67107			802.45			Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid
67108			1078.13			Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
67110	593.58	499.23				Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)
67112			877.31			Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques
67115			312.22			Release of encircling material (posterior segment)
67120	456.78	355.80				Removal of implanted material, posterior segment; extraocular
67121			590.29			Removal of implanted material, posterior segment; intraocular
67141	344.10	310.99				Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy
67145	344.73	318.24				Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; photocoagulation (laser or xenon arc)
67208	396.20	376.00				Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; cryotherapy, diathermy
67210	472.35	449.51				Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; photocoagulation

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AMBULATORY CARE

Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67218			937.23			Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; radiation by implantation of source (includes removal of source)
67220	724.10	677.42				Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), one or more sessions
67221	259.10	175.33				Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67225	21.76	20.43				Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)
67227	408.10	373.01				Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; cryotherapy, diathermy
67228	747.93	650.26				Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; photocoagulation (laser or xenon arc)
67250			555.00			Scleral reinforcement (separate procedure); without graft
67255			584.82			Scleral reinforcement (separate procedure); with graft
67299			I.C.			Unlisted procedure, posterior segment
67311			392.40			Strabismus surgery, recession or resection procedure; one horizontal muscle
67312			470.32			Strabismus surgery, recession or resection procedure; two horizontal muscles
67314			434.52			Strabismus surgery, recession or resection procedure; one vertical muscle (excluding superior oblique)
67316			527.56			Strabismus surgery, recession or resection procedure; two or more vertical muscles (excluding superior oblique)
67318			456.70			Strabismus surgery, any procedure, superior oblique muscle
67320			189.62			Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
67331			177.94			Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)
67332			196.60			Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)
67334			174.17			Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67335			109.05			Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)
67340			215.21			Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)
67343			428.03			Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
67345	171.64	152.77				Chemodenervation of extraocular muscle
67350			145.19			Biopsy of extraocular muscle
67399			I.C.			Unlisted procedure, ocular muscle
67400			656.72			Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405			553.95			Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only
67412			636.79			Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion
67413			645.81			Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body
67414			722.28			Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression
67415			75.99			Fine needle aspiration of orbital contents
67420			1158.63			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
67430			884.34			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body
67440			851.58			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage
67445			881.36			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression
67450			877.02			Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy
67500	45.21	32.63				Retrobulbar injection; medication (separate procedure, does not include supply of medication)
67505	46.70	34.12				Retrobulbar injection; alcohol
67515	37.12	30.17				Injection of medication or other substance into Tenon's capsule
67550			673.28			Orbital implant (implant outside muscle cone); insertion
67560			684.27			Orbital implant (implant outside muscle cone); removal or revision
67570			842.21			Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)
67599			I.C.			Unlisted procedure, orbit

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67700	238.98	81.05				Blepharotomy, drainage of abscess, eyelid
67710	207.86	69.47				Severing of tarsorrhaphy
67715	213.63	77.89				Canthotomy (separate procedure)
67800	93.47	74.27				Excision of chalazion; single
67801	119.37	95.87				Excision of chalazion; multiple, same lid
67805	147.79	118.66				Excision of chalazion; multiple, different lids
67808			234.51			Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
67810	152.97	64.90				Biopsy of eyelid
67820	45.44	44.12				Correction of trichiasis; epilation, by forceps only
67825	97.45	86.52				Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
67830	232.69	98.60				Correction of trichiasis; incision of lid margin
67835			313.47			Correction of trichiasis; incision of lid margin, with free mucous membrane graft
67840	240.58	113.44				Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
67850	160.34	97.10				Destruction of lesion of lid margin (up to 1 cm)
67875	148.59	70.13				Temporary closure of eyelids by suture (eg, Frost suture)
67880	328.87	235.50				Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;
67882	399.20	305.50				Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate
67900	479.46	352.99				Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901			396.48			Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902			454.16			Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	504.41	369.99				Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	502.33	356.32				Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	376.78	365.19				Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	368.43	325.72				Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	422.94	320.63				Reduction of overcorrection of ptosis
67911			311.40			Correction of lid retraction
67912	791.91	347.26				Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67914	316.60	207.34				Repair of ectropion; suture
67915	290.42	184.80				Repair of ectropion; thermocauterization
67916	420.43	311.18				Repair of ectropion; excision tarsal wedge
67917	455.49	342.92				Repair of ectropion; extensive (eg, tarsal strip operations)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
67921	303.42	193.83				Repair of entropion; suture
67922	284.55	179.60				Repair of entropion; thermocauterization
67923	439.01	334.38				Repair of entropion; excision tarsal wedge
67924	463.33	322.29				Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67930	293.80	176.27				Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
67935	463.69	327.29				Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
67938	217.01	79.94				Removal of embedded foreign body, eyelid
67950	455.90	342.34				Canthoplasty (reconstruction of canthus)
67961	453.28	331.77				Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	493.48	374.95				Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin
67971			524.78			Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage
67973			682.38			Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage
67974			678.90			Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage
67975			494.88			Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
67999			I.C.			Unlisted procedure, eyelids
68020	86.02	79.40				Incision of conjunctiva, drainage of cyst
68040	47.97	38.70				Expression of conjunctival follicles (eg, for trachoma)
68100	146.94	70.46				Biopsy of conjunctiva
68110	187.18	105.73				Excision of lesion, conjunctiva; up to 1 cm
68115	266.12	131.70				Excision of lesion, conjunctiva; over 1 cm
68130	431.18	294.44				Excision of lesion, conjunctiva; with adjacent sclera
68135	113.30	107.67				Destruction of lesion, conjunctiva
68200	31.91	24.96				Subconjunctival injection
68320	529.14	338.11				Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325			430.87			Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
68326			418.73			Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
68328			480.69			Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)
68330	451.58	295.64				Repair of symblepharon; conjunctivoplasty, without graft
68335			419.07			Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
68340	414.73	256.14				Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens
68360	392.69	264.56				Conjunctival flap; bridge or partial (separate procedure)
68362			423.89			Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
68371			302.40			Harvesting conjunctival allograft, living donor
68399			I.C.			Unlisted procedure, conjunctiva
68400	244.66	109.25				Incision, drainage of lacrimal gland
68420	271.85	136.10				Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)
68440	96.38	69.24				Snip incision of lacrimal punctum
68500			640.50			Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505			668.74			Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
68510	376.06	202.24				Biopsy of lacrimal gland
68520			462.60			Excision of lacrimal sac (dacryocystectomy)
68525			194.71			Biopsy of lacrimal sac
68530	376.41	192.99				Removal of foreign body or dacryolith, lacrimal passages
68540			616.93			Excision of lacrimal gland tumor; frontal approach
68550			761.86			Excision of lacrimal gland tumor; involving osteotomy
68700			388.57			Plastic repair of canaliculi
68705	197.76	118.96				Correction of everted punctum, cautery
68720			518.95			Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
68745			511.59			Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
68750			523.98			Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
68760	167.53	103.96				Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68761	114.55	82.76				Closure of the lacrimal punctum; by plug, each
68770			307.85			Closure of lacrimal fistula (separate procedure)
68801	91.75	76.19				Dilation of lacrimal punctum, with or without irrigation
68810	176.44	143.66				Probing of nasolacrimal duct, with or without irrigation;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
68811			148.20			Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68815	366.02	185.91				Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
68840	88.98	73.09				Probing of lacrimal canaliculi, with or without irrigation
68850	52.22	45.59				Injection of contrast medium for dacryocystography
68899			I.C.			Unlisted procedure, lacrimal system
69000	138.58	87.93				Drainage external ear, abscess or hematoma; simple
69005	159.66	123.24				Drainage external ear, abscess or hematoma; complicated
69020	176.16	112.27				Drainage external auditory canal, abscess
69090			I.C.			Ear piercing
69100	79.75	36.05				Biopsy external ear
69105	102.94	50.63				Biopsy external auditory canal
69110	325.65	250.17				Excision external ear; partial, simple repair
69120			325.82			Excision external ear; complete amputation
69140			676.31			Excision exostosis(es), external auditory canal
69145	269.39	186.95				Excision soft tissue lesion, external auditory canal
69150			844.19			Radical excision external auditory canal lesion; without neck dissection
69155			1267.92			Radical excision external auditory canal lesion; with neck dissection
69200	101.83	40.91				Removal foreign body from external auditory canal; without general anesthesia
69205			80.55			Removal foreign body from external auditory canal; with general anesthesia
69210	38.89	25.65				Removal impacted cerumen (separate procedure), one or both ears
69220	103.05	48.75				Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
69222	169.31	110.05				Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)
69300			332.27			Otoplasty, protruding ear, with or without size reduction
69310			858.37			Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)
69320			1225.26			Reconstruction external auditory canal for congenital atresia, single stage
69399			I.C.			Unlisted procedure, external ear
69400	96.43	46.77				Eustachian tube inflation, transnasal; with catheterization
69401	59.65	40.11				Eustachian tube inflation, transnasal; without catheterization
69405	193.85	154.45				Eustachian tube catheterization, transtympanic
69420	143.97	91.99				Myringotomy including aspiration and/or eustachian tube inflation

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
69421			123.18			Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69424	97.65	47.65				Ventilating tube removal requiring general anesthesia
69433	147.70	99.36				Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436			134.76			Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69440			514.67			Middle ear exploration through postauricular or ear canal incision
69450			397.68			Tympanolysis, transcanal
69501			566.57			Transmastoid antrotomy (simple mastoidectomy)
69502			749.88			Mastoidectomy; complete
69505			953.99			Mastoidectomy; modified radical
69511			978.85			Mastoidectomy; radical
69530			1283.95			Petrous apicectomy including radical mastoidectomy
69535			2127.37			Resection temporal bone, external approach
69540	159.67	101.07				Excision aural polyp
69550			817.47			Excision aural glomus tumor; transcanal
69552			1260.78			Excision aural glomus tumor; transmastoid
69554			1990.54			Excision aural glomus tumor; extended (extratemporal)
69601			811.39			Revision mastoidectomy; resulting in complete mastoidectomy
69602			840.03			Revision mastoidectomy; resulting in modified radical mastoidectomy
69603			1023.30			Revision mastoidectomy; resulting in radical mastoidectomy
69604			868.36			Revision mastoidectomy; resulting in tympanoplasty
69605			1241.13			Revision mastoidectomy; with apicectomy
69610	315.05	239.23				Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch
69620	542.97	382.73				Myringoplasty (surgery confined to drumhead and donor area)
69631			662.88			Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632			823.39			Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)
69633			790.34			Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP))

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
69635			949.19			Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
69636			1090.05			Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
69637			1084.13			Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP))
69641			799.44			Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69642			1037.29			Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
69643			944.06			Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
69644			1177.86			Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
69645			1148.30			Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
69646			1220.08			Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
69650			614.18			Stapes mobilization
69660			722.10			Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;
69661			952.41			Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
69662			912.19			Revision of stapedectomy or stapedotomy
69666			618.89			Repair oval window fistula
69667			619.49			Repair round window fistula
69670			728.16			Mastoid obliteration (separate procedure)
69676			638.78			Tympanic neurectomy
69700			549.88			Closure postauricular fistula, mastoid (separate procedure)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
69710			I.C.			Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711			665.79			Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714			833.48			Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69715			1037.37			Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69717			915.43			Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69718			10.92			Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69720			906.27			Decompression facial nerve, intratemporal; lateral to geniculate ganglion
69725			1425.84			Decompression facial nerve, intratemporal; including medial to geniculate ganglion
69740			915.80			Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
69745			984.50			Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion
69799			I.C.			Unlisted procedure, middle ear
69801			566.76			Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal
69802			795.69			Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); with mastoidectomy
69805			802.11			Endolymphatic sac operation; without shunt
69806			730.84			Endolymphatic sac operation; with shunt
69820			678.82			Fenestration semicircular canal
69840			739.03			Revision fenestration operation
69905			704.20			Labyrinthectomy; transcanal
69910			797.04			Labyrinthectomy; with mastoidectomy
69915			1172.39			Vestibular nerve section, translabyrinthine approach
69930			985.47			Cochlear device implantation, with or without mastoidectomy
69949			I.C.			Unlisted procedure, inner ear
69950			1388.41			Vestibular nerve section, transcranial approach

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
69955			1514.15			Total facial nerve decompression and/or repair (may include graft)
69960			1463.17			Decompression internal auditory canal
69970			1658.41			Removal of tumor, temporal bone
69979			I.C.			Unlisted procedure, temporal bone, middle fossa approach
69990			175.49			Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)
80500	17.44	15.78				Clinical pathology consultation; limited, without review of patient's history and medical records
80502			55.66			Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records
83020				15.45		Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)
83912				14.46		Molecular diagnostics; interpretation and report
84165				15.12		Protein; electrophoretic fractionation and quantitation, serum
84166				15.12		Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)
84181				15.12		Protein; Western Blot, with interpretation and report, blood or other body fluid
84182				16.01		Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
85060			18.89			Blood smear, peripheral, interpretation by physician with written report
85097	90.53	40.54				Bone marrow, smear interpretation
85390				14.79		Fibrinolytics or coagulopathy screen, interpretation and report
85396			16.45			Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day
85576				15.78		Platelet, aggregation (in vitro), each agent
86077			39.65			Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report
86078	41.97	39.98				Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report
86079	41.64	40.31				Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report
86255				15.45		Fluorescent noninfectious agent antibody; screen, each antibody

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
86256				15.45		Fluorescent noninfectious agent antibody; titer, each antibody
86320				15.45		Immunoelectrophoresis; serum
86325				14.79		Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration
86327				18.05		Immunoelectrophoresis; crossed (2-dimensional assay)
86334				15.45		Immunofixation electrophoresis; serum
86335				15.12		Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)
86490			10.05			Skin test; coccidioidomycosis
86510			11.04			Skin test; histoplasmosis
86580			8.73			Skin test; tuberculosis, intradermal
87164				14.46		Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection
87207				15.78		Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
88104			44.57	23.92	20.64	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88106			61.12	23.92	37.20	Cytopathology, fluids, washings or brushings, except cervical or vaginal; filter method only with interpretation
88107			73.18	32.67	40.51	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears and filter preparation with interpretation
88108			56.49	23.92	32.56	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)
88112			98.84	50.06	48.79	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal
88125			16.60	11.08	5.52	Cytopathology, forensic (eg, sperm)
88141			17.06			Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
88160			42.24	21.27	20.98	Cytopathology, smears, any other source; screening and interpretation
88161			45.88	21.27	24.62	Cytopathology, smears, any other source; preparation, screening and interpretation
88162			55.97	32.67	23.29	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains
88172			41.70	25.69	16.01	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)
88173			110.97	59.20	51.77	Cytopathology, evaluation of fine needle aspirate; interpretation and report
88182			88.48	32.95	55.53	Flow cytometry, cell cycle or DNA analysis
88184			44.15			Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88185			21.64			Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)
88187			52.84			Flow cytometry, interpretation; 2 to 8 markers
88188			65.96			Flow cytometry, interpretation; 9 to 15 markers
88189			86.90			Flow cytometry, interpretation; 16 or more markers
88199			I.C.			Unlisted cytopathology procedure
88291			20.50			Cytogenetics and molecular cytogenetics, interpretation and report
88299			I.C.			Unlisted cytogenetic study
88300			17.57	3.44	14.13	Level I - Surgical pathology, gross examination only
88302			38.38	5.82	32.56	Level II - Surgical pathology, gross and microscopic examination Appendix, Incidental Fallopian Tube, Sterilization Fingers/Toes, Amputation, Traumatic Foreskin, Newborn Hernia Sac, Any Location Hydrocele Sac Nerve Skin, Plastic Repair Sympathetic Ganglion Testis, Castration Vaginal Mucosa, Incidental Vas Deferens, Sterilization
88304			50.48	9.30	41.17	Level III - Surgical pathology, gross and microscopic examination Abortion, Induced Abscess Aneurysm - Arterial/Ventricular Anus, Tag Appendix, Other than Incidental Artery, Atheromatous Plaque Bartholin's Gland Cyst Bone Fragment(s), Other than Pathologic Fracture Bursa/Synovial Cyst Carpal Tunnel Tissue Cartilage, Shavings Cholesteatoma Colon, Colostomy Stoma Conjunctiva - Biopsy/Pterygium Cornea Diverticulum - Esophagus/Small Intestine Dupuytren's Contracture Tissue Femoral Head, Other than Fracture Fissure/Fistula Foreskin, Other than Newborn Gallbladder Ganglion Cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral Disc Joint, Loose Body Meniscus Mucocele, Salivary Neuroma - Morton's/Traumatic Pilonidal Cyst/Sinus Polyps, Inflammatory - Nasal/Sinusoidal Skin - Cyst/Tag/Debridement Soft Tissue, Debridement Soft Tissue, Lipoma Spermatocoele Tendon/Tendon Sheath Testicular Appendage Thrombus or Embolus Tonsil and/or Adenoids Varicocele Vas Deferens, Other than Sterilization Vein, Varicosity

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88305			85.60	32.40	53.21	<p>Level IV - Surgical pathology, gross and microscopic examination Abortion - Spontaneous/Missed Artery, Biopsy Bone Marrow, Biopsy Bone Exostosis Brain/Meninges, Other than for Tumor Resection Breast, Biopsy, Not Requiring Microscopic Evaluation of Surgical Margins Breast, Reduction Mammoplasty Bronchus, Biopsy Cell Block, Any Source Cervix, Biopsy Colon, Biopsy Duodenum, Biopsy Endocervix, Curettings/Biopsy Endometrium, Curettings/Biopsy Esophagus, Biopsy Extremity, Amputation, Traumatic Fallopian Tube, Biopsy Fallopian Tube, Ectopic Pregnancy Femoral Head, Fracture Fingers/Toes, Amputation, Non-traumatic Gingiva/Oral Mucosa, Biopsy Heart Valve Joint, Resection Kidney, Biopsy Larynx, Biopsy Leiomyoma(s), Uterine Myomectomy - without Uterus Lip, Biopsy/Wedge Resection Lung, Transbronchial Biopsy Lymph Node, Biopsy Muscle, Biopsy Nasal Mucosa, Biopsy Nasopharynx/Oropharynx, Biopsy Nerve, Biopsy Odontogenic/Dental Cyst Omentum, Biopsy Ovary with or without Tube, Non-neoplastic Ovary, Biopsy/Wedge Resection Parathyroid Gland Peritoneum, Biopsy Pituitary Tumor Placenta, Other than Third Trimester Pleura/Pericardium - Biopsy/Tissue Polyp, Cervical/Endometrial Polyp, Colorectal Polyp, Stomach/Small Intestine Prostate, Needle Biopsy Prostate, TUR Salivary Gland, Biopsy Sinus, Paranasal Biopsy Skin, Other than Cyst/Tag/Debridement/Plastic Repair Small Intestine, Biopsy Soft Tissue, Other than Tumor/Mass/Lipoma/Debridement Spleen Stomach, Biopsy Synovium Testis, Other than Tumor/Biopsy/Castration Thyroglossal Duct/Brachial Cleft Cyst Tongue, Biopsy Tonsil, Biopsy Trachea, Biopsy Ureter, Biopsy Urethra, Biopsy Urinary Bladder, Biopsy Uterus, with or without Tubes and Ovaries, for Prolapse Vagina, Biopsy Vulva/Labia, Biopsy</p>

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88307			151.40	67.95	83.45	Level V - Surgical pathology, gross and microscopic examination Adrenal, Resection Bone - Biopsy/Curettings Bone Fragment(s), Pathologic Fracture Brain, Biopsy Brain/Meninges, Tumor Resection Breast, Excision of Lesion, Requiring Microscopic Evaluation of Surgical Margins Breast, Mastectomy - Partial/Simple Cervix, Conization Colon, Segmental Resection, Other than for Tumor Extremity, Amputation, Non-traumatic Eye, Enucleation Kidney, Partial/Total Nephrectomy Larynx, Partial/Total Resection Liver, Biopsy - Needle/Wedge Liver, Partial Resection Lung, Wedge Biopsy Lymph Nodes, Regional Resection Mediastinum, Mass Myocardium, Biopsy Odontogenic Tumor Ovary with or without Tube, Neoplastic Pancreas, Biopsy Placenta, Third Trimester Prostate, Except Radical Resection Salivary Gland Sentinel Lymph Node Small Intestine, Resection, Other than for Tumor Soft Tissue Mass (except Lipoma) - Biopsy/Simple Excision Stomach - Subtotal/Total Resection, Other than for Tumor Testis, Biopsy Thymus, Tumor Thyroid, Total/Lobe Ureter, Resection Urinary Bladder, TUR Uterus, with or without Tubes and Ovaries, Other than Neoplastic/Prolapse
88309			212.04	97.13	114.91	Level VI - Surgical pathology, gross and microscopic examination Bone Resection Breast, Mastectomy - with Regional Lymph Nodes Colon, Segmental Resection for Tumor Colon, Total Resection Esophagus, Partial/Total Resection Extremity, Disarticulation Fetus, with Dissection Larynx, Partial/Total Resection - with Regional Lymph Nodes Lung - Total/Lobe/Segment Resection Pancreas, Total/Subtotal Resection Prostate, Radical Resection Small Intestine, Resection for Tumor Soft Tissue Tumor, Extensive Resection Stomach - Subtotal/Total Resection for Tumor Testis, Tumor Tongue/Tonsil - Resection for Tumor Urinary Bladder, Partial/Total Resection Uterus, with or without Tubes and Ovaries, Neoplastic Vulva, Total/Subtotal Resection
88311			14.72	10.19	4.53	Decalcification procedure (List separately in addition to code for surgical pathology examination)
88312			65.97	23.04	42.93	Special stains (List separately in addition to code for primary service); Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), each
88313			48.49	10.19	38.30	Special stains (List separately in addition to code for primary service); Group II, all other, (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each
88314			81.91	19.22	62.69	Special stains (List separately in addition to code for primary service); histochemical staining with frozen section(s)

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88318			66.95	18.05	48.89	Determinative histochemistry to identify chemical components (eg, copper, zinc)
88319			128.82	22.43	106.39	Determinative histochemistry or cytochemistry to identify enzyme constituents, each
88321	63.33	55.71				Consultation and report on referred slides prepared elsewhere
88323			97.94	57.43	40.51	Consultation and report on referred material requiring preparation of slides
88325	160.47	94.58				Consultation, comprehensive, with review of records and specimens, with report on referred material
88329	40.55	28.63				Pathology consultation during surgery;
88331			71.21	50.78	20.43	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88332			32.49	25.09	7.40	Pathology consultation during surgery; each additional tissue block with frozen section(s)
88333			70.83	51.72	19.11	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site
88334			37.12	25.42	11.71	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site
88342			73.03	36.16	36.87	Immunohistochemistry (including tissue immunoperoxidase), each antibody
88346			76.95	36.44	40.51	Immunofluorescent study, each antibody; direct method
88347			66.69	36.11	30.58	Immunofluorescent study, each antibody; indirect method
88348			355.34	64.41	290.94	Electron microscopy; diagnostic
88349			141.29	32.67	108.62	Electron microscopy; scanning
88355			345.24	79.03	266.21	Morphometric analysis; skeletal muscle
88356			226.73	128.15	98.58	Morphometric analysis; nerve
88358			57.96	41.83	16.14	Morphometric analysis; tumor (eg, DNA ploidy)
88360			89.57	47.41	42.16	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual
88361			136.85	51.19	85.66	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; using computer-assisted technology
88362			219.15	92.65	126.49	Nerve teasing preparations
88365			104.92	50.83	54.08	In situ hybridization (eg, FISH), each probe
88367			172.50	55.27	117.22	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology
88368			120.97	60.03	60.94	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; manual
88371				14.79		Protein analysis of tissue by Western Blot, with interpretation and report;

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Code	NFAC	FAC	Global Fee	PC Fee	TC Fee	Description
88372				15.78		Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each
88380			I.C.			Microdissection (eg, mechanical, laser capture)
88384			I.C.			Array-based evaluation of multiple molecular probes; 11 through 50 probes
88385				64.46		Array-based evaluation of multiple molecular probes; 51 through 250 probes
88386				81.08		Array-based evaluation of multiple molecular probes; 251 through 500 probes
88399			I.C.			Unlisted surgical pathology procedure
89049	158.03	49.11				Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report
89060				15.78		Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)
89100	78.23	24.26				Duodenal intubation and aspiration; single specimen (eg, simple bile study or afferent loop culture) plus appropriate test procedure
89105	88.15	19.94				Duodenal intubation and aspiration; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube
89130	70.87	17.23				Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology;
89132	56.81	7.48				Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology; after stimulation
89135	85.71	31.08				Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); one hour
89136	63.66	9.03				Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); two hours
89140	96.16	35.90				Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); two hours including gastric stimulation (eg, histalog, pentagastrin)
89141	116.95	35.17				Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); three hours, including gastric stimulation
89220			14.68			Sputum, obtaining specimen, aerosol induced technique (separate procedure)
89230			4.09			Sweat collection by iontophoresis
G0105	416.29	209.77				Colorectal cancer screening; colonoscopy on individual at high risk
G0121	416.29	209.77				Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
S2260			708.48			Induced abortion, 17-24 weeks, any surgical method

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16.06: Severability

The provisions of 114.3 CMR 16.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 16.00: M.G.L. c. 118G.